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Contributions to the Pathology of the Stomach, the Pancreas, and the Spleen. By JOHN ABERCROMBIE, M. D. F. R. C. S. &c.

PART IV.

DISEASES OF THE SPLEEN.

(From the Edinburgh Medical and Surgical Journal.)

THE functions of the spleen are still involved in great obscurity; but the pathology of it presents some interesting subjects of investigation. Though it cannot perhaps be considered as a vital organ, it appears to exert a most important influence upon the functions of the stomach; and many facts connected with its diseases, show, in a striking manner, the importance of this organ in the animal economy.

The spleen appears to be liable to inflammation both acute and chronic, and to suppuration, and other consequences of inflammation; but the symptoms accompanying these affections do not appear to have been sufficiently investigated. It is also liable to tubercular disease, and the slow suppuration which usually supervenes upon that affection. I had lately an opportunity of seeing the spleen studded throughout with innumerable tubercles, all in the solid state, in the body of an infant aged eight months, who died of extensive disease of the bronchial glands. In a more advanced stage of this affection, it has been

found to present numerous small abscesses, like the small vomicæ of tubercular lungs. The disease, however, is usually complicated with tubercular disease in other organs, so that it is impossible to ascertain the symptoms which arise from the affection of the spleen.

The spleen, in its structure, does not strictly resemble any other organ in the body, and therefore it may be doubted whether, in judging of the effects of inflammation on the spleen, we are to be entirely guided by the effects which we know to arise from it in other organs. There is particularly one appearance which I suspect arises from inflammatory action, and which seems to be almost peculiar to the spleen. It consists of the whole substance of it being reduced to a soft mass of a dark colour, in some cases resembling a mass of coagulated venous blood, and breaking down under the slightest pressure, after its peritoneal coat is laid open ; in others being still softer, of a pultaceous consistence, or nearly fluid. This condition of the spleen I have observed as the only morbid appearance in some obscure cases, which were fatal, with symptoms referable to the stomach. The following observations will illustrate the affection, which seems to present a subject of some interest.

Case XV.—A lady, aged 60, had been for several months affected with loss of appetite, dyspeptic symptoms, and occasional vomiting. I attended her for about a month before her death, during which time she had daily vomiting ; generally four, five, or six times a day ; little or no appetite ; tongue loaded ; bowels rather costive, but easily kept open ; pulse natural. She did not complain of any pain, and nothing could be felt, on pressure, that could account for the symptoms. With the symptoms now mentioned, and frequent nausea, she sunk gradually, and died exhausted in about a month. On dissection, no morbid appearance could be discovered after the most careful examination, except in the spleen, which was of a very dark colour, and remarkably soft, and broken down like grumous blood.

In Dr. Johnston's Medico-Chirurgical Journal, Vol. III., is mentioned the case of a lady, aged 41, who after having been for some time affected with nausea and loss of appetite, had severe nausea and frequent vomiting for about a fortnight—the pulse quite natural. The symptoms then subsided considerably, and she was considered as getting better, when she died suddenly after a violent fit of vomiting, in which she had been much exhausted. On dissection, there was observed some slight appearance of inflammation on the lower intestines, and the spleen was very soft and broken down into a mass like coagulated blood : the bowels had been quite natural.

A man mentioned by Sennertus, had been affected for some weeks with loss of appetite and pain in the left side. He was then seized with discharge of blood by stool, and died in fifteen days. On dissection, the pancreas was found slightly diseased, some parts of it being indurated, and others soft; but the principal morbid appearance was in the spleen, which was entirely resolved into a bag, full of a matter like the lees of oil (*amurca*,) and somewhat fetid: No part of the natural substance remained. Many other cases are on record, in which this appearance of the spleen, under various modifications, was the prominent morbid appearance. Some authors compare it to a bag of very fetid pitch, others call it putrefaction, and others gangrene. The symptoms also varied considerably, in some cases being rather chronic and obscure, as in the cases now mentioned; in others being more acute, and the progress more rapid. A woman aged 33, mentioned by Grotanelli, was seized with fever, headach, rheumatic pains, and a deep-seated pain in the left side. On the 7th day, she became delirious and comatose, and died on the 9th. Some effusion was found in the brain; the liver was somewhat enlarged, and the spleen was reduced to a bag containing a soft black pulp. A man mentioned by Lossius, had violent pain in the left hypochondrium, extending to the shoulder with acute fever; and one by Bonetus had violent pain of the stomach with black vomiting. In the case by Lossius, the appearance was combined with marks of inflammation in the neighbouring parts; and in two cases by Crendal, it was found in connexion with extensive peripneumonia. I have also observed it in one or two cases in which there had been extensive inflammation of the lower part of the left lung. Upon the whole, there is much reason to believe that this condition of the spleen is a fatal disease; and there are several circumstances which render it probable that it is the result of inflammatory action. We have other examples of morbid conditions, differing from the ordinary effects of inflammation, but which appear to be the result of it in certain parts, in connexion with peculiarities in their structure. The most remarkable is the pultaceous softening of the brain, which the French writers have described as a distinct and peculiar disease, but which there seems every reason to consider as a result of inflammation.

The spleen is also liable to suppuration, which may go on with very obscure symptoms, as in the following remarkable case.

Case XVI.—A gentleman, aged 52, who had previously enjoyed very good health, was, in January 1821, affected with slight feverishness, like a common cold. After a short confinement,

he was considerably better, and went out; but after a short time was confined again, though without any defined complaint, except a feeling of weakness. At the commencement of his illness there had been slight cough, but this disappeared entirely at an early period. When closely questioned, he mentioned occasionally an undefined uneasiness across the epigastric region, but it was slight and transient, and he never complained of any other pain. His appetite was variable and capricious, but upon the whole not bad, and he had no dyspeptic symptom; his bowels were rather slow but easily kept open; his breathing was natural, and every other function was in the healthy state, except that his pulse continued a little frequent; and he was becoming progressively more and more weak and emaciated. In this manner the complaint went on during the remainder of the winter. In the beginning of summer he went to the country, where, however, he made no improvement. He was now greatly reduced in flesh and strength; his pulse usually from 96 to 100, and weak; his nights were generally good, but sometimes feverish; his appetite was bad, but he still took a good deal of nourishment, and never complained of his stomach; there was no cough and no pain; the urinary secretion and bowels were natural; but the debility and emaciation continued to increase gradually; and he died on the 5th of July, having been seized with diarrhœa three days before his death. Before the attack of diarrhœa, there had been little change for some weeks; he had been able to be out of bed the greater part of the day, and occasionally out in a carriage or a garden chair. *Dissection.*—The spleen was somewhat enlarged, and in the centre of it there was an irregular cavity, containing several ounces of purulent matter. The surrounding substance was soft and easily lacerated. The liver was pale, but otherwise healthy. The kidneys were pale, with a peculiar degeneration of some parts of them into a white substance, in its texture retaining the firmness of the other parts, but in its appearance resembling the substance of the brain. After the most careful examination, no other morbid appearance could be detected in any of the viscera.

From the commencement of his illness, this gentleman was under the able management of Mr. William Wood, and in the progress of it he was occasionally seen by Dr. Thomson and myself; but we never could detect a symptom from which we could ascertain what was the seat of the disease. Towards the conclusion of his life, a circumstance occurred which deserves to be mentioned, though not connected with the fatal disease. A few weeks before his death, while one day turning his right arm suddenly behind his back, he felt an acute pain a little below the

bend of the elbow. The part was a little hard and painful to the touch, and no pulsation could be felt in the arteries below it, on the fore-arm. In the humeral artery, the pulsation was natural. After a few days, the pulse was again felt on the fore-arm; but, after a few days more, the same accident occurred in the same manner, and the pulsation never returned. On examining the artery at the seat of the accident, it was found that its inner coat had been lacerated and partially separated; and the canal of the artery at this spot was obliterated.

There appear to be on record but few cases of suppuration of the spleen; and therefore the following examples, from works which are not much read, may be worthy of insertion.

Case XVII.—A young man, aged 18, several months after his recovery from a quartan intermittent, was affected with slight fever and violent colic pains. He had then loss of appetite and sleep, laborious breathing, œdema of the legs, scanty urine, and enlargement of the abdomen. After some time he was tapped, and purulent matter was drawn off to the amount of ℔iv., without any sensible diminution of the swelling. A second puncture was therefore made on the opposite side, and the same quantity of pus was discharged. He died next day. On *dissection*, the spleen was found so much enlarged as nearly to fill the abdomen; the other viscera lying behind it, very much compressed. It adhered extensively both to the parietes and to all the contained parts; and, being laid open, was found to form a sac, which still contained ℔vij. of purulent matter. It was about eighteen inches long and twelve inches in diameter; and the parietes of it varied considerably in thickness in different places; being in general about half an inch thick; in others so thin as to be nearly transparent.

Case XVIII.—A man (whose age is not mentioned) had been affected, for several years, with pain in the epigastric region, which was sometimes acute and sometimes obtuse, and a remarkable feeling of pulsation at the stomach. He had occasionally slight uneasiness in breathing, was easily fatigued by exercise, and a sense of suffocation was induced by any exertion. The pulsation at the stomach was increased by exercise, and by any excess in diet; and he had occasional vomiting. On examination, nothing could be discovered but a slight tension across the epigastrium. From the period when this account of his symptoms was taken, there was little change for ten or twelve months, except that there took place a slight yellow tinge of his skin.—He was then seized with vomiting of blood, mixed with purulent matter; after which the pulsation at the stomach subsided greatly; food agreed better with him; and he felt easier than he had

done for many years. But the vomiting returned in a fortnight, accompanied by great exhaustion ; and he died in a third attack, after another week.—On *dissection*, the spleen was found adhering intimately to the stomach, and forming entirely a bag full of purulent matter and clots of blood. The parietes of the sac were in general about six lines in thickness ; and it communicated with the cavity of the stomach, at the place of the adhesion, by an opening the size of a six Francs piece. It is not said that the spleen was enlarged in this remarkable case ; and no disease is mentioned in any other organ.

Case XIX.—A woman aged 30, who had been long affected with a tumour in the left hypochondrium, was afterwards seized with fever, followed by pain in the abdomen ; and after six weeks, a swelling appeared at the umbilicus, which was opened, and discharged several ounces of purulent matter. It continued to discharge for a month, when she died hectic. On *dissection*, the abdominal muscles were found livid and gangrenous, and a cavernous ulcer extended upwards betwixt the muscles and the peritoneum, so as to form a communication between the opening at the umbilicus and the spleen. In the substance of it, there was an abscess which had been the source of the purulent matter. This singular case is described briefly ; but it is obvious that the spleen must have adhered to the parietes of the abdomen on the anterior part, and that, at this adhesion, the abscess had communicated with the cavernous ulcer.

Case XX.—A young man, aged 17, after several injuries from falls, had pain in various parts of his body, and general bad health. After several months, he had pain in the left hypochondrium, followed by palpitation of the heart, faintings, and great emaciation. The complaint was considered as a disease of the heart. He recovered a little after blistering, but soon relapsed, with severe pain, great palpitation, extreme debility, and evident swelling of the left side. After some time the pain ceased ; he had then fetid and dark coloured stools, and soon after died in a state of extreme exhaustion about a year from the commencement of the disease. On *dissection*, the heart was found enlarged ; and there was dilatation of the aorta. The spleen was as large as the head of a child of eighteen months ; it adhered to the colon, and contained in its substance an abscess which had burst into the colon at the place of the adhesion. The spleen, in other respects, was soft as if sphacelated.

A similar case is mentioned by Grotanelli ; and another in which the abscess burst into the cavity of the abdomen. The patient, a girl of 12, felt immediate relief from severe pain which she had previously suffered, but died in three days. A man,

mentioned by the same writer, was more fortunate. After various attacks of ague he had tumified spleen, which, after exposure to cold, became acutely painful, with nausea, vomiting, cough and fever. After some time the fever subsided; and after a month he was able to go about, but the swelling in the region of the spleen continued, and he had hectic paroxysms in the evening, and night sweats. In a quarrel, he now received a violent blow on the left side, after which the tumour of the spleen subsided, and he began to discharge thick and very fetid matter mixed with his urine. This continued about three weeks—he then recovered very good health, and had continued well for seven years, when the account was published.

On reviewing the cases which have been mentioned, it is worthy of attention, that in those cases in which suppuration was found in the spleen, the disease had, in general, advanced in a slow and chronic form, while those in which the progress was more rapid, terminated by that peculiar black degeneration of the substance of the spleen which has been already referred to. I know not whether we are to suppose from this fact, that the spleen in its natural state is not liable to suppuration, and that the foundation for this termination is laid by tubercular disease, or by some change of structure which it undergoes by the previous induration and enlargement. The most common cause of induration and enlargement is intermittent fever. But it takes place slowly and insidiously without this cause, and the tubercular disease arises, as in other organs, without any obvious cause. A woman, mentioned by Grotanelli, had nausea, bad appetite, occasional vomiting, some cough, and pain in the left side;—she lost her colour, and the abdomen became tumid.—The vomiting became more frequent, with quick pulse and anasarca, and she died in five months. On dissection, there was found considerable effusion in the abdomen. The spleen was enlarged, and contained twenty tubercles full of thick purulent matter.

When the inflammation is seated in the peritoneal covering of the spleen, the symptoms appear to assume more activity, and to vary considerably in their characters. In some cases, it assumes the appearance of pneumonia, or even carditis, but these varieties seem to depend in some measure upon the inflammation extending to the diaphragm. A man mentioned by Portal had dry cough, dyspnœa, pain of the left side, and most violent palpitation of the heart, with acute fever. He died after a short illness. The spleen was found extensively inflamed, and the inflammation had extended to the left side of the diaphragm. The lungs were sound.

There are other modifications of the symptoms, depending upon the particular organs which are affected either sympathetically or by the extension of the inflammation; such as urgent vomiting, colic pains or enteritic symptoms; but one of the most remarkable combinations is, when the disease extends to the kidney, and proves rapidly fatal, with the usual symptoms of *ischuria renalis*. I have seen one important case, which seemed to be of this nature, but I was not allowed to examine the body. There was first acute pain in the region of the spleen, with vomiting, the pain being increased by inspiration. At a very early period, the secretion of urine became very scanty, and after three or four days ceased entirely. In three days more the case was fatal, with coma, the pain in the region of the spleen having continued as long as the patient was sensible.

The spleen has been found lacerated by external violence, in some cases in which death happened rather unexpectedly. A young man mentioned by Lieutaud, died suddenly while boxing. Much extravasated blood was found in the cavity of the abdomen, and the spleen was lacerated on the side next the stomach. The same appearances were found in a boy mentioned by Tulpius, who received a blow on the left side while engaged in some youthful sports. He immediately complained of severe pain, followed by repeated faintings, and died next day. A man mentioned by Dr. Chisholm, fell while carrying a burden, and struck his left side against a stone. He felt little uneasiness at the time, and next day was able for his work as a blacksmith. He was then seized with pain in the side, fever, delirium, and muscular spasms, and died on the 4th day from the injury. All the viscera were found in a healthy state, except the spleen, which was somewhat enlarged; and on the inferior surface of it, there was a laceration through its whole extent, and to the depth of two inches. The edges of the laceration were in some places florid, in others sphacelated.

Spontaneous rupture of the spleen occurred in a remarkable case by Fournier. A man had suffered from quartan ague for several months, but was considered as convalescent, when he died suddenly, after a hearty supper. The spleen was found enlarged and ruptured, and there was much coagulated blood in the cavity of the abdomen.

I have not entered on the subject of chronic enlargement of the spleen, having nothing new to offer in regard to it. It generally arises from intermittent fever, but may take place without that cause or any cause that can be traced. It varies in its structure, being in some cases a solid fleshy mass, in others studded with tubercles. In one case I found it consist entirely of an im-

mense bag of hydatids, covered by the peritoneal coat of the spleen, the substance of the spleen being little altered from the natural appearance. All the forms of it are generally hopeless, but often continue long without much affecting the general health, and in a practical point of view, I believe the less they are meddled with, the better. Attempts to reduce them by mercury, are generally followed by the worst consequences.—An enlargement of the spleen is said to take place in young women, in connexion with suppression of the menses, and to yield to a course of purgatives. I have not seen this affection, but I found it once enlarged and tender in a young man, and it yielded to the repeated application of leeches, with purgatives, rest, and cool regimen.

II.

Elements of Medical Jurisprudence. By T. Romeyn Beck, M. D., &c. 2 vols, 8vo. pp. 418, 471. Albany, (United States.) 1823.

(From Anderson's Quarterly Journal of Medicine and Surgery.)

The yearly increase of elaborate works on this comparatively recent branch of study, is a strong proof of the increasing attention paid to it by the profession. It is our duty, as journalists, accordingly to mark the progress and record the improvements made by each successive writer, in order to furnish our readers, who may not have opportunity or leisure to peruse the multiplying and voluminous works on the subject, with the best and newest portions of these, and enable them, at a small expense of time, to keep pace with the advancement of science. In our former reviews of the works of Dr. Paris and of Dr. Gordon Smith, they will meet with some interesting details and extracts and we shall now add to these by a careful analysis of the work before us.

We have mentioned before, in a general way, that Dr. Beck's work is a good medium between the too bulky work of Dr. Paris, and the rather too concise work of Dr. G. Smith. Each of these, however, is well adapted to its own purpose—that of Dr. Paris, not so much for the medical practitioner as for the lawyer's library, and for legal consultation; that of Dr. Smith, as a text book for the student, and a manual or remembrancer; while the work before us is superior to either as a book for practical medical consultation, and for the library of medical practitioners. On this ground we should like to see it re-published in England, or something on the same plan and scale, though we could not

promise, in the present infancy of the study, that it would be a profitable speculation.

Dr. Beck promises, if his present work be successful, to bring forward another, on the collateral subject of "Medical Police." He could not, we think, confer a greater favour on his countrymen; and we should wish to see our own authors attending to this too much neglected subject. We think that Dr. Gordon Smith could not better employ any time he may have to spare, than in preparing a volume on the subject, as a companion to his Forensic Medicine. We feel for the reputation of our country, when we see so many French and German works, and papers directed to this great national subject, while we can boast of scarcely a single dissertation of any importance, if we except, perhaps, the late voluminous papers respecting prison discipline and the new punishment of the Tread-wheel. These, however, are a promising commencement, and we hope that many other subjects, of no less interest, may soon be brought under public discussion. We may be perhaps permitted to allude here to the late bye-law of the Royal College of Surgeons, which has created so much discussion, and prompted so much irritation among those whom it affects. We think, that to say the least, it was hasty and ill-advised to pass a law so evidently partial in its operation; but as this is not the place to discuss its merits, we only suggest it as a subject of Medical Police, not less important both to the profession and the community, than the celebrated Apothecaries' Act itself, the imperfections of which are so well known to all our readers.

Dr. Beck arranges his materials under the heads of—feigned diseases; disqualifying diseases; impotence and sterility; doubtful sex; rape; pregnancy; delivery; infanticide; legitimacy; presumption of survivorship; age and identity; mental alienation; persons found dead; wounds on the living body; poisons; mineral poisons; vegetable poisons; and animal poisons. We now proceed to make such extracts and remarks as shall appear to us to be useful and interesting to our readers, following Dr. Beck in the order of his subjects.

Feigned Diseases.—This is a subject which frequently calls forth the ingenuity of the medical officers of Hospitals, and of the army and navy; and in proportion as the impostors are successively detected, their devices are multiplied, and new impositions discovered, which often deceive the most skilful. The privations and tortures which such persons will endure is almost beyond belief; blistering, bleeding, purging, and continued nausea; and one person is recorded to have persisted in keeping his knee-joint contracted, till the amputating knife was actually

about to be employed. Fodere well remarks, that during the time when the French conscription was in full force, it became almost as difficult to detect a feigned disease, as to cure a real one. Dr. Beck is more copious upon this head than either Dr. Paris or Dr. G. Smith. Zacchias mentions what he calls,

Simulatio latens.—"By this he understands a case in which disease is actually present, but where the symptoms are falsely aggravated, and greater sickness is pretended than really exists. This may be more difficult of detection in some respects, and it requires, like the cases above mentioned, the skill of the physician; and that too, experienced in the history of disease, to guide him aright. Generally speaking, it will be his duty to steer a middle course, between too great incredulity and too great confidence, and where the interests of a third person are not liable to be affected, to lean towards the patient. I can however imagine, that cases have occurred, in which disease has been magnified, in order to increase damages, or to revenge insult. Here the conduct of the medical examiner must be cautious, and he should carefully apply the rules already laid down."

We think that this species of imposition is much more common than Dr. Beck seems to suppose, and particularly in the case of spoiled children, and others who make it the means of extorting increasing caresses and attention from relatives and friends.

The Pulse.—We might naturally think that any change in the pulse would be the hardest of all other things to feign; and yet the cases recorded put an end to all doubt on the subject.

"Should deceit be suspected, the physician may examine whether ligatures have not been applied to interrupt the pulsation, and he should ascertain whether the arteries beat at the corresponding extremity. I am indebted to my late worthy preceptor, Dr. M'Clelland, of Albany, for a case illustrating this point. During the period of his attendance at the Royal Infirmary in Edinburgh, a person applied for and obtained admission on the score of ill health, who had formerly been a patient there. The attending physicians examined the pulse at the right wrist, but found none; he then tried the left, but with similar success. The trick was carried on for several days, at the end of which time it was discovered that the patient was in sound health, but that whenever the pulse was to be examined, he pressed his finger on the artery under the arm-pit."

Urine.—The suppression of urine was a frequent disease among the female convicts at the New York state prison. Dr. Blatchford, who was some time resident physician, relates two cases, in which the frequent use of the catheter obviated all the

evil effects which a voluntary suppression might have produced, and also indicated when the pain and distress were groundless. By a reference to the registers, he found that this was a common complaint immediately after the initiation of every resident physician.

Dr. Hennen says, that incontinence of urine is almost always detected by giving a full dose of opium at night, without the knowledge of the individual, and introducing the catheter during sleep. Fodere, in such cases, put a ligature on the penis, and sealed it. In real incontinence of urine the penis, when thus bound, soon becomes enlarged, which does not happen in the feigned disease.

"A boy at Bilso (Staffordshire,) A. D. 1617, accused a woman of having bewitched him; and succeeded so well in feigning convulsions, &c., that she was tried and condemned to die. Dr. Morton, the bishop of the diocese, suspecting imposture, caused him to be confined and watched. He grew apparently worse, and the urine which he openly voided was black. The good Bishop almost despaired of saving the life of the female, in consequence of the dangerous situation of the boy. A vigilant spy, however, detected him in dipping a small piece of cotton in an ink bottle placed at the side of his bed. This he put inside the prepuce, in order to give the urine its colour when he excreted in public."

Maiming.—Under this head, Dr. Beck mentions a case from a rare book, entitled the "History of Knavery." A boy, aged eleven, pretended to be lame of both legs, and used to go shoving along on his breech. Upon his being taken to the workhouse, and the overseers proposing to make him a tailor, he confessed that his brother, four years before, by advice of certain beggars, had contracted his legs, and turned them backwards, so that he never used them from this time, but begged for the behoof of himself and his brother. He gave an account of many other deceptions of the same kind. His legs were set straight, so that he now has the use of them.

Dropsy.—"The following case, from the Acta Naturæ Curiosiorum, will show how much we ought to distrust that affectation of modesty which will not permit a complete investigation. A young female at Strasburg, from the enlargement of her abdomen, had led the public to doubt the purity of her character. The distention continued so long as to dissipate the suspicion; and for thirty-nine years she continued to increase in bulk, and excited the commiseration and charity of all who saw her, in such a manner as to lead a highly comfortable life. Her case excited the attention of the physicians and surgeons; and they waited

with some impatience, until her death should develope the nature of her extraordinary disease. No tumour was found ; but in her wardrobe was found a sac, or cushion, weighing nineteen pounds, and so made as to fit the shape of the abdomen. This female would never allow a medical man to examine the seat of her pretended disease."

Emphysema.—Sauvages mentions a mendicant, who gave to his child all the appearances of hydrocephalus, by introducing air between the integuments and the muscles of the head, near the vertex. The fraud was detected by removing the patch over the hole by which he introduced it. A mountebank, at Brest, by similar means used in different parts of the body, produced the most hideous deformity in a child ; and lately, a female in France, in the same way, gave herself all the appearance of dropsy. The smallest possible aperture will serve for such a purpose ; but as the other symptoms of such diseases are not present, the fraud is easily detected.

The sac of a hernia has been ingeniously imitated with the bladder of an ox ; and prolapsus of the rectum or uterus, by a piece of intestine, in which a sponge filled with a mixture of blood and milk was placed. It was fixed into the vagina, or the rectum, in such a manner, that one of its extremities was left hanging out.

Ulcers.—"Frauds of this description are frequently practised in Hospitals, or to avoid the performance of labour of every kind. In 1810, a fellow enlisted in the Marines at Portsmouth, and received the full bounty. In a few days, it was discovered that he had a very bad leg. On investigation, it was proved by his wife and others, that to avoid going on duty, he had made an incision in the flesh just upon the shin-bone, and put a copper half-penny on the wound, which almost immediately caused a violent inflammation. He ultimately, however, paid dearly for his speculation ; as a mortification followed, and it was found necessary to amputate the limb."

Cachexia.—Several substances are taken by impostors to make the countenance pale or livid ; among which, cumin seeds have been used from remote antiquity, being mentioned by Dioscorides, Persius, Horace, and Pliny. They are still used, according to Fodere, for the same purpose in France. The following singular case is given by Dr. Beck :—

"A very curious work was published at New Haven, in 1819, under the title of 'The Mysterious Stranger ; or, Memoirs of Henry More Smith.' It purports to be written by the Sheriff of King's County, New Brunswick, and I have repeatedly understood, that there is no doubt of the authenticity of all the mate-

rial facts. The hero of the story was a most accomplished villain. While in the prison at Kingston, New Brunswick, he began to spit blood, had a violent cough and fever, and gradually wasted away, so that those who visited him supposed his death was rapidly approaching; this continued for a fortnight, and his weakness was so great, that he had to be lifted up in order to take medicine or nutriment. A turnkey unfortunately, however, left the door of the prison open for a few moments, in order to warm a brick for his cold extremities: on his return, Smith had disappeared. After many adventures and hair-breadth escapes, he is now a prisoner in the Newgate of Connecticut. There also he has feigned cachexia, hæmoptysis, and epilepsy, but with no success. He confessed that he pretended to raise blood by pounding a brick into a powder, putting it into a small bag, and chewing it in his mouth. He contrived to vary his pulse by striking his elbows, and said he had taken the flesh off his body in ten days, by sucking a copper cent in his mouth all night, and swallowing the saliva."

Pain.—This is perhaps the most frequent of all feigned complaints, as it is the easiest to simulate, and the most difficult to detect. We find, therefore, many cases in works on medical jurisprudence and police, of a very singular character, arising from devices for this species of imposition.

"An artillerist, from the garrisons of Fort de Bouc. was brought to the hospital at Martigues, with a violent pain in his left leg, and which was attributed to sleeping on damp ground; during the space of eight months, a variety of antimonial preparations, together with mercurials and tonics, when indicated, were administered, along with local remedies, but without any relief. The leg, from the repeated use of epispastics and cauteries, became thin, and rather shorter than the other; while from the low diet ordered, there was a general paleness and lankness of the system. Under these circumstances Fodere could not refuse him a certificate as a real invalid. With the aid of a crutch, he dragged himself to Marseilles, where he obtained the promise of a discharge. He was ordered to return to the fort, to wait its arrival; but, on his way thither, being too overjoyed, he was met by his commander, walking without his crutch. On being put in prison, he avowed the fraud."

Catalepsy.—Though some have doubted the existence of this affection, in which, on the attack of the fit, the person remains without motion or feeling in the position in which he was seized; yet there seems to us to be unquestionable evidence on the subject. At present, we have chiefly to do with its simulation.—

The most wonderful case of this kind is that of Phineas Adams, a deserter from the Somerset militia, of the age of eighteen.

"From the 26th of April, to the 8th of July, 1811, he lay in a state of insensibility, resisting every remedy, such as thrusting snuff up his nostrils, electric shocks, powerful medicines, &c. when any of his limbs were raised, they fell with the leaden weight of total inanimation. His eyes were closed, and his countenance extremely pale; but his respiration continued free, and his pulse was of a healthy tone. The sustenance he received was eggs diluted with wine, and occasionally tea, which he sucked through his teeth, as all attempts to open his mouth were fruitless. Pins were thrust under his nails to excite sensation, but in vain. It was conjectured, that the present illness might be owing to a fall; and a proposal was consequently made by the surgeon, to perform the operation of scalping, in order to ascertain, whether there was not a depression of the brain; the operation was described by him to his parents, at the bed-side of their son, and it was performed—the incisions were made, the scalp drawn up, and the head examined. During all this time, he manifested no visible sign of pain or sensibility, except when the instrument with which the head was scraped, was applied; he then, but only once, uttered a groan. As no beneficial result appeared, and as the case seemed hopeless, a discharge was obtained, and he was taken to the house of his father. The next day, he was seen sitting at the door talking to his parents; and the day after, was seen at two miles from home cutting spars, carrying reeds up a ladder, and assisting his father in thatching a rick."

Disqualifying Diseases.—This subject is perhaps of less general interest than the preceding; but it is extremely useful to army and naval officers, and occasionally requires attention from every class of practitioners. Among the latter are the disqualifying diseases in civil and criminal cases; the former refer only to naval and military service. Specified rules, however, upon either of these heads cannot be given with much precision, and a great deal must accordingly be left to the judgment of the practioner. Humanity as well as utility dictates that the undoubted subjects of maladies, that would be aggravated by particular offices and duties should be exempted from the same. In the case of important witnesses, those who are unable to travel, may serve the ends of justice, by being examined in their own houses. Disqualifications on marriage come under other heads. When the state of a criminal again would render irons, or hard labour more dreadful than death itself, it would be the height of cruelty to subject him to it. In cases of the execution of criminals, we

may remark, that some women have been executed, though they declared themselves pregnant, in consequence of the testimony of midwives, who examined them and declared to the negative. Fodere mentions a case of this kind, in which, after execution, a fœtus, of the third or fourth month, was found in the uterus. The midwives who had given witness were severely reprimanded, and it is very wisely ruled, that in all doubtful cases in future, the execution should be postponed.

Dr. Beck is much more explicit and copious on military disqualifications than Dr. Smith, though Dr. S. is evidently much better acquainted with the subject practically. Dr. Paris has most culpably omitted it altogether, for what reason we do not know.

Impotence and Sterility.—It seems to be possible, as is remarked by Zacchias, that certain diseases may so change the state of the system, as to produce an alteration in the generative power. Avenzoes, for example, relates of himself, that during the whole period of youth he had no children, but became a father shortly after recovering from a violent fever. Zacchias also gives the case of an artificer, who lived 24 years with his wife without issue ; but shortly after his convalescence from illness, he became a father, and afterwards had many children. The following case is interesting :—

"A man, named Aurelius Lingius, aged 60 years, had been affected, during the last years of his life, with occasional attacks of fever, accompanied with gouty pains, which at intervals made him extremely ill. For the space of two months, however, he appeared on the recovery ; when being seized with a fever and ague, he died. His wife declared herself pregnant, and six months after his death, was delivered of a healthy child. Its legitimacy was contested on the ground that the husband, before his last illness, was incapable ; and this opinion was corroborated by his own confession to the physician attending him. His wife allowed the truth of this statement; but asserted, that his powers had returned sometime before his decease. In this state of the case, Zacchias was consulted ; and he decided in favour of the chastity of the wife, for the following reasons : Aurelius had been twice married, and by each wife has had several children. The disease under which he laboured, was a healing one ; and his powers were probably perfect, during the period of convalescence. His age does not prevent the possibility of his producing pregnancy in the female. Symptoms of this were present during his life-time ; and although he was known to be extremely jealous, yet his virtue remained undiminished towards her. And finally, the intervals of ease, that accompany articular pains, to-

gether with the fact that she always reposed in the same bed with him, were, in the mind of Zacchias, conclusive arguments. The judges decided in favour of the female."

Doubtful Sex.—This is in most cases analogous in its bearings upon legal medicine, with the preceding subject. The ancient stories of hermaphrodites are now considered to be fabulous exaggerations, or enigmas, not ranking higher than the inscription, "Ælius Lælius Crispus, neither man, woman, nor hermaphrodite, but all these." All supposed hermaphrodites are referred by Dr. Beck, to males, with some unusual organization, or position of the urinary or generative organs; to females with an enlarged clitoris, or prolapsed uterus; or, to individuals, in whom the generative organs have not produced their usual effect in influencing the developement of the body; and hence it follows that so far from exercising the powers of both sexes, they are incapable of exerting any sensual function whatever. According to the law of England, as laid down by Blackstone, and Coke: a monster, if it hath human shape may inherit; and every heir, is either male, female, or hermaphrodite; and if the latter, shall inherit according to that sect that doth prevail. The same rule holds in cases concerning tenants to the courtesy. On this subject, Dr. Beck, has a decided superiority over our British writers.

Rape.—Our author has given a most learned and elaborate chapter on this subject, which contrasts strongly with Dr. Paris's, in which we have abundance of irrelevant law, and law cases, while the medical details are preposterously thrust into the notes. Dr. G. Smith's article on Rape, is short but excellent. With regard to the existence of the hymen, though it has been considered unnatural by Ambrose Pare, Palfyn, Linnæus, Columbus, Dionis, and Buffon, yet, when we can oppose to these the names of Fabricius, Albinus, Ruysch, Morgagni, Haller, Diemerbroeck, Heister, Riolan, Sabatier, Cuvier, and Denman, we may consider its existence as proved beyond a doubt. Cuvier found it not only in women, but also in mammiferous animals, which is a strong analogical evidence in its favour. Gavard found it uniformly in dissecting fœtuses, and children newly born; and in one case, he found it untouched in a woman aged 50. Yet the hymen, as Dr. Beck properly states,

"May be wanting from original malconformation, or it may be destroyed by disease, or some other cause, and yet, the female may be pure. On the other hand, it may be present, and yet the female be unchaste; nay, she may become pregnant without having it destroyed. Zacchias remarks, that it will not be ruptured when it is thick and hard. A disproportion between the organs, or connection during the presence of menstruation, or

fluor albus, are also mentioned by him. Gavard, whom I have already mentioned, found it perfect in a female, thirteen years of age, who was labouring under the venereal."

"These observations certainly lead us to doubt whether the presence or absence of the hymen deserves much attention, and I believe the opinion of physiologists generally is, that it is an extremely equivocal sign. I am, however, unwilling to go as far as most of the later writers on legal medicine, who virtually reject it altogether. While it must be allowed that it can be destroyed by causes which do not impair the chastity of the female, we are justified, I think, in attaching considerable importance to its presence. It would be difficult to support an accusation of rape, where the hymen is found entire."

On the subject of rape, it is of importance to know, that certain idiopathic diseases may assume the character of external violence; such as swelling and inflammation of the labia, pain, &c. A remarkable case of this kind occurred at Manchester.—A female child, aged four, had slept several nights with a boy aged fourteen. The pudendum was observed all at once to become highly inflamed, sore, and painful. The child complained that the boy hurt her during the night. As the child died within a few weeks, the boy was tried, and a verdict of murder found against him. But in the course of a very short time, Mr. Ward, the surgeon on whose evidence the boy had been convicted, found several cases precisely similar, where no violence was or could have been done. The poor boy was in consequence freed. Dr. Percival says the disorder was typhus, with mortification of the pudenda.

"It is of great importance that the physician understand the possibility of such diseases occurring; but we must take care not to run into the opposite error of ascribing inflammation, ulceration, and discharge, in cases where violence has been alleged, to this disease, without sufficient grounds; for it is extremely improbable that diseases which occur so rarely, should happen to appear in a child to whom violence was offered, unless that violence had some effect in producing it."

It has been a question whether the existence of the venereal disease in the female ought to be considered in favour or against her accusation of rape; and there can be no doubt that, if the marks of it are recent, this ought to be held corroborative evidence. The examination, however, ought to be within three days, and this disease does not usually appear so soon. Even if this disease seems to be of long standing, though it would testify against the chastity of the accuser, it ought not to go all in favour of the accused, for we think it quite possible for a rape to be

committed even on a prostitute, and the fact of habitual prostitution, though proved against the accused, ought not, we think in justice, to invalidate the accusation if borne out by sufficient evidence.

Sodomy.—The late lamentable frequency of the horrid crime against nature, renders it unhappily necessary to be introduced into legal medicine, though it is omitted both by Paris and Smith. Dr. Beck remarks that

"It may be required to examine the individual on whom it has been committed. If without consent, inflammation, excoriation, heat, and contusion will probably be present. The effects of a frequent repetition of the crime are a dilatation of the sphincters, ulcerations of the parts, or a livid appearance and thickening.—It has been suggested, that secondary symptoms of lues might be taken for these, but I am hardly of this opinion. No man however, ought to be condemned on medical proofs solely."

Pregnancy.—As this subject so very frequently involves the honour, or the life of females, and also hereditary property, it becomes of much public interest, and every practitioner ought to study the principles of it in a medico-legal view.

Enlargement of the Abdomen.—"In tympanites, the abdomen is hard and elastic, and sounds like a drum when pressed; and there are irregular elevations which appear to roll under the finger. Dropsy also, when not encysted, is characterized by its peculiar symptoms; and schirrosity, by its indurated and unequal swelling. All these diseases, if the observer exercises patience and judgment, may be distinguished from pregnancy. Encysted dropsy will be understood with more difficulty, as no fluctuations will be observed; and the best advice probably is, to mark the symptoms as they daily become more aggravated in this disease, while the slighter affections of pregnancy generally wear off.—Even if we have settled that there is a tumour of the uterus present, it is not certain that it is caused by a fœtus. It may arise from a mole, from hydatids in the uterus, or from a schirrous state of that organ. These remarks sufficiently prove, that enlargement of the abdomen is a sign of little importance in determining the question of pregnancy. It should be always noticed, but never relied on."

Change in the state of the Mammæ.—"The appearance of milk, which is so common towards the latter stages, may be unattended with pregnancy. Hebenstreit states, that he has known females in whom this fluid was produced by repeated friction, suction, &c. A servant girl, says Belloc, slept in a room with a child whom it was wished to be weaned. Being disturbed in her repose by its cries, she imagined, that by putting it to her breast,

it might be quieted. In a short time she had milk sufficient to supply its wants. An account is also given in a M. S. in the collection of Sir Hans Sloane, of a woman at the age of 58, who had not born a child for more than 20 years, nursing her grandchildren one after the other. Similar cases are mentioned by Fodere; in particular, he relates an instance of a female, who, on the point of being conducted to prison, declared herself a nurse. Although this was a falsehood, yet in a few moments she produced the requisite proof. The author also suggests, that immediately after the cessation of the menses, milk is often secreted."

"Dr. Francis, in his edition of Denman, gives the following case on the authority of professor Post. A lady of this city (New York) was almost fourteen years ago, delivered of a healthy child, after a natural labour. Since that period, her breasts have regularly secreted milk in great abundance, so that, to use her own language, she could at all times, easily perform the office of a nurse. She has uniformly enjoyed good health; is now about thirty five years of age, and has never proved pregnant a second time, nor had any return of the menses. (Denman, p. 229.) Even men are said to have suckled children. Thus the bishop of Cork relates a case in the Philosophical Transactions, where the father fed his child in this way, (vol. iii. p. 810.) He examined the breasts, and found them very large. It does not appear however that he saw the act itself."

Suppression of the menses.—"Dr. Denman and others, conceive that this symptom is a never failing consequence of conception, and the former in particular, intimates that a contrary opinion has its origin in credulity or vanity. It is certainly a strong argument, that an individual of the extensive practice of this accoucheur, never met with a case invalidating the rule; but it is no less true that observers of equal eminence, have occasionally witnessed deviations from it. Dr. Heberden knew a female, who never ceased to have regular returns of the menses during four pregnancies, quite to the time of her delivery. Deventer makes mention of one who became pregnant before menstruating, and immediately after conception, this discharge returned periodically until her delivery, and this was the case during several successive pregnancies, inverting as it were the usual order of nature. Dr. Francis states, that Dr. Hosack had a patient, who, during her last three pregnancies, menstruated until within a few months of her delivery, and, notwithstanding, brought forth a healthy child at each labour."

We ourselves know more than one case precisely similar; and cannot but wonder at Denman's opinion.

Motion of the Fœtus in utero.—The term quickening implies the first sensation which the mother has of the motion of the child; or the feelings may perhaps be more probably produced by the impregnated uterus starting suddenly out of the pelvis, into the abdominal cavity, which will explain the variety in the period of its occurrence, and the faintness which usually accompanies it from the removal of the pressure upon the iliac vessels, and the blood by consequence suddenly rushing into them.

"Considerable variety occurs as to the time of quickening. Dr. Denman observes, that it happens from the tenth to the twelfth week, but most commonly about the sixteenth after conception. Again, Puzos, a celebrated continental accoucheur, says that it takes place at the end of two months, but most commonly at the expiration of eighteen weeks. Hydropic women, he adds, do not observe it until the sixth or seventh month. And in a late trial for abortion in England, the medical witness deposed, that it took place at eighteen weeks, sometimes at fourteen, and sometimes not till twenty weeks, but mostly at eighteen. That he never knew it so late as twenty-five, though it might happen in some cases, at twenty one or two."

In common cases in ordinary life, the existence of pregnancy is seldom doubtful; but the case is altered when a medical witness is called, to prove it upon oath. He is then bound to weigh all the possible causes, besides pregnancy, which may produce the various symptoms, and he must recollect that all of them occasionally prove equivocal. *There is no one invariable sign of pregnancy*, and it is probably well that there is not. Delay is therefore in most doubtful cases of the utmost importance, and an opinion ought seldom to be hazarded before the sixth month.

"He is justified in cases where it is supposed to be concealed, in giving a strong opinion in favour of it, when the menses are suppressed, and the patient continues in good health; when the abdomen gradually enlarges and the breasts increase in size, and the areola around them becomes dark coloured; and when on examination, the motion of the fœtus is perceived, and the neck of the uterus is found diminishing and its orifice thin. The combination of these symptoms is calculated to prevent that error to which the study of a single one might lead."

Superfœtation.—Not to mention Hippocrates, Aristotle, and Pliny; Buffon's case of the woman in South Carolina, who had twins, one white and one black is well known. Dr. Mosely mentions another case of twins, in which one was a mulatto and the other a negro. We have given a similar instance in the first series of this Journal, vol. iii. p. 350. Dr. Maton's case is still more extraordinary of an Italian lady, who was delivered of a

second child, three months after a preceding accouchement, both children being born perfect. The following from Fodere is perhaps the most extraordinary on record, and was communicated by Dr. Desgranges, of Lyons, the narrative being accompanied by a legal attestation under the oath of the mother.

"The wife of Raymond Villard, of Lyons, married at the age of twenty-two, and became pregnant five years thereafter, but had an abortion at the seventh month, on the 20th of May, 1779. She conceived again within a month, and on the 20th of January, 1780, eight months after her delivery, and seven months from her second conception, she brought forth a living child. This delivery was not accompanied with the usual symptoms—no milk appeared—the lochia were wanting, and the abdomen did not diminish in size. It was accordingly found necessary to procure a nurse for the child.

"Two surgeons visited this female, and were at a loss with respect to her situation. They called Dr. Desgranges, in consultation, who declared that she had a second child in the womb. Although this was strongly doubted, yet three weeks after her delivery, she felt the motion of the fœtus, and on the 6th of July, 1780, (five months and sixteen days after the first birth,) she was again delivered of another living child. The milk now appeared, and she was enabled to nurse her offspring. It is not possible, adds Dr. Desgranges, that this second child could have been conceived after the delivery of the first. 'Car le mari ne lui avait renouvele ses caresses, que vingt jours apres, ce qui n'aurait donne au second enfant que quatre mois, vingt sept jours.'"

Dr. G. Smith acknowledges that he cannot clear up these mysterious cases of superfœtation, and therefore avoids the discussion. Dr. Paris, after a comprehensive review of the most authentic cases, inclines to follow the opinion of Haller:—"Os uteri nunquam clausum est; ideoque potest super-fœtari non solum a die sexto ad trigessimum, aut primis duobus mensibus, sed omni omnino tempore." (*Physiologia*, X. P. 212.)

Delivery.—The subjects comprehended under this division are concealed or pretended delivery; the signs of the death of the child before or during delivery; the signs of maturity or immaturity; and the state necessary to enable the new-born infant to inherit. The following characteristics must be carefully noted, in cases where any doubt arises about the reality of delivery.

"If the female be examined within three or four days after the occurrence of delivery, the following circumstance will generally be observed; greater or less weakness, a slight paleness, of

the face, the eye a little sunken, and surrounded by a purplish or dark brown coloured ring, and a whiteness of the skin, like a person convalescing from disease. The belly is soft, the skin of the abdomen is lax, lies in folds, and is traversed in various directions, with shining, reddish, and whitish lines, which especially extend from the groins and pubis, to the navel. These lines have sometimes been termed lineæ albicantes, and are particularly observed near the umbilical region, where the abdomen has experienced the greatest distention. The breasts become tumid and hard, and on pressure emit a fluid, which at first is serous, and afterwards gradually becomes whiter, and the presence of this secretion is generally accompanied with a full pulse, and soft skin, covered with a moisture of a peculiar and somewhat acid odour. The areolæ round the nipples are dark coloured. The external genital organs, and vagina, are dilated and tumefied throughout the whole of their extent, from the pressure of the fœtus. The uterus may be felt through the abdominal parietes, voluminous, firm, and globular, and rising nearly as high as the umbilicus. Its orifice is soft and tumid, and dilated so as to admit two or more fingers.

"The fourchette or anterior margin of the perinœum, is sometimes torn, or it is lax, and appears to have suffered considerable distention. A discharge, (termed the lochial) commences from the uterus, which is distinguished from the menses, by its paler colour, its peculiar and well known smell, and its duration.—The lochia are at first of a red colour, and gradually become lighter until they cease."

Several of these signs however, require more minute attention, as mistakes may arise, and have sometimes arisen from want of accurate observation of the following particulars :—

"The lochial discharge might be mistaken for menstruation or fluor albus, were it not for its peculiar smell, and thus it has been found impossible by any artifice to destroy. 2. The soft parts are frequently relaxed as much from menstruation, as from delivery ; but in these cases, the os uteri and vagina are not so much tumefied, nor is there that tenderness and swelling. And again, when all signs of contusion disappear after delivery, the female parts are found pale and flabby. This circumstance does not follow menstruation. 3. The presence of milk. This must be an uncertain sign, for reasons stated in the chapter on Pregnancy. It is possible for this secretion to take place independently of pregnancy. The most unequivocal form in which it can appear, is, when the breasts are tense and painful, and filled with the fluid of its usual nature—not serous and watery, as is observed in pretended cases.

"It is also to be remarked, that this secretion goes on during the presence of the lochia, while, on the contrary, the breasts become flaccid and almost empty, if the menses supervene, and fill again when they disappear. Should, therefore, a case occur where doubts are entertained, it would be proper to notice the state of the breasts while the discharge (of whatever nature it may be) is present. 4. The wrinkles and relaxation of the abdomen which follow delivery, may be the consequence of dropsy, or of lankness following great obesity. This state of the parts is also seldom very striking after the birth of a first child, as they shortly resume their original state. 5. The lineæ albicantes, will often remain for life, and hence should not be depended upon in cases where females have had several children."

With regard to the signs of death in the child before or during delivery, the greatest accuracy is required from the connection which the subject has with abortion and infanticide. The causes which may have occasioned the death of the fœtus ought always in legal questions to be considered; such as the unhealthiness of the mother's habitation, her mode of dress, want of food, or improper use of it, violent exercise, too great labour, violent passions of the mind, either of the exciting or depressing kind, venereal excess, intemperance, diseases, such as hæmorhage, or convulsions, contagious disorders, such as syphilis, or small pox, falls, wounds, or accidents generally, any inordinate evacuation, and all the usually enumerated causes of abortion, may have produced the death of the infant.

The signs of the death of the fœtus during pregnancy.—"A want of motion in the child—the womb feels as if it contained a dead weight, which follows the direction of the body as it moves to one side or the other—the navel is less prominent—the milk recedes, and the breasts become flaccid—the mother feels a sense of lassitude and coldness accompanied with headache and nausea. As equivocal signs may be added, a paleness of the face—the eyelids having a livid circle around them—the presence of slow fever and melancholy, and a fœtid breath. These if all present, form a strong presumption in favour of the destruction of the offspring. Individually, however, they are liable to be mistaken or confounded. If actually dead, and long detained in the uterus, putrefaction takes place; if the membranes be not broken, the fœtus may remain a long time in utero, without decomposition. This is mentioned by Baudelocque and others; but authors in commenting on it have strongly insisted that these instances are extremely rare."

The signs of the death of the fœtus during delivery.—In this

case many of the former signs will apply, such as the want of motion with fœtid discharges.

"Writers have also mentioned the state of the presenting part. When the fœtus is dead, it has an œdematous or emphysematous feel—the skin is soft, and easily torn, and the bones of the cranium lose their natural connexion, and vascilate on one another. The umbilical cord also, if it can be examined, is found to be withered and rotten. Although these are strong proofs, yet the practitioner should not hastily pronounce on them. The fœtid discharge or odour may be owing to the premature passage of the meconium or to the mixture of a small quantity of blood with the uterine discharge. The former of these was at one time supposed to indicate death with certainty; but it is now ascertained that although it portends danger, yet children have notwithstanding, been born strong and healthy.—The state of the skin and bones may be the effect of weakness, as also the looseness of the epidermis. Even its livid colour is not infallible. Vicq D'Azyr mentions a case that occurred at Breslaw, where the arm of the infant protruded from the uterus, and was so cold and livid, that it was deemed gangrenous, and was amputated. Notwithstanding this, the infant was born alive three days after.

"We must recollect also, that the pressure occasioned by a long and tedious delivery, may extinguish life. The proofs now enumerated, indicative of putrefaction, will, in that case, generally be wanting. The motion of the fœtus, which has lately been felt, will suddenly cease, and tumefaction and redness of the presenting part will be observed. Ecchymosis sometimes occurs owing to a rupture of the vessels, and an effusion of blood into the adjacent cellular tissue."

Signs of maturity and immaturity in the Child.—Dr. Beck has drawn up a very complete and satisfactory chapter upon this subject from the authorities of Aristotle, Hippocrates, Riolan, Haller, Rœderer, Meckel, Burton, Baudelocque, Wm. Hunter, Burns, Chaussier, Beclard, Capuron, Clarke, Merriman, and Sommering. During the fifth month the length of the fœtus is from seven to nine inches, and the weight nine or ten ounces. During the sixth month, the weight is from one to two pounds, and the length from nine to twelve inches—the middle of which is at the abdominal extremity of the sternum. At the seventh month, the weight is from two to three pounds; the length from twelve to fourteen inches—the middle of which is nearer to the sternum than to the navel. At eight months the weight is from three to five pounds, and the length sixteen inches or more—the middle of which is nearer to the navel than to the sternum. At

the ninth month the length is about twenty inches, the middle of which is at the navel, or a little below it. The marks of life are :—

"The ability to cry as soon as it reaches the atmospheric air, or shortly thereafter, and also to move its limbs with facility, and more or less strength—the body being of a clear red colour—the mouth, nostrils, eyelids, and ears perfectly open—the bones of the cranium possessing some solidity, and the fontanelles not far apart—the hair, eyebrows, and nails perfectly developed—the free discharge of the urine, or meconium, in a few hours after birth—and finally, the power of swallowing and digesting, indicated by its seizing the nipple, or a finger placed in its mouth."

"The child, on the contrary, is considered immature, when its length and volume are much less than that of an infant at the full time; when it does not move its members, and makes only feeble motions; when it seems unable to suck, and has to be fed artificially; when its skin is of an intense red colour, and traversed by numerous bluish vessels; when the head is covered with down, and the nails are not formed; when the bones of the head are soft, and the fontanelles widely separated; the eyelids, mouth, and nostrils closed; when the membrana pupillaris is still present; when it sleeps continually, and an artificial heat is necessary to preserve it, and when it discharges its urine and the meconium imperfectly."

"In the evidence on Bailey's divorce bill in the House of Lords, March 10, 1817, the point in dispute was, whether Mr. Bailey's child was full grown at its birth. The nurse swore, that it cried with a loud voice, and was fed three times in the course of the day when it was born. Dr. Gardiner, the attending physician, corroborated the testimony of the nurse, as to the full growth of the child. Dr. Merriman was then called in, and examined as to the consequences of a premature birth on the offspring. He said, he had known a child born in six months and eighteen days live to grow up, but never to become stout. A child born under such circumstances would be smaller than usual, the skin would be redder, and the face not so completely formed. As far as his experience went, he should conclude that it could not cry strongly, and would be oppressed by difficult respiration. The perfect conformation of the nails, strong voice, and usual size, were proofs of a full grown child."

State of an infant capable of inheriting.—With respect to the period of gestation after which a child is considered capable of living, it seems to be considered a general rule, that five months, or one hundred and fifty days, are deemed indispensable. Capuron, however, mentions one Fortunio Liceti, said to have

been born at four months and a half, who lived to the age of eighty. Dr. Rodman, of Paisley, also mentions the case of an infant surviving, where the mother, who had previously born five children, was confident that the period of gestation was less than nineteen weeks. This child, however, was of the length and weight of a six or seven months fœtus. Such cases, indeed, are very doubtful, and ought not to be founded upon. Even at seven months, the chance of surviving six hours after birth is much against the child.

The other subjects introduced by Dr. Beck in this part are not so much of medical as legal interest. The subject of infanticide which follows, has repeatedly come under our notice lately, and as we do not observe that Dr. Beck (who is indebted to his brother, Dr. John B. Beck, for the chapter) has done more than give what is already known, though he has given it admirably, we shall not do more than mention briefly one or two of the topics. It is but justice to Dr. G. Smith, to say that his article on the subject, though short, is excellent, for which see our extracts, pages 238-240, above.

Infanticide.—The following is an account of an experiment made by Dr. J. B. Beck, with a view to settle the disputed point about the floating or sinking of the lungs in water after or before respiration.

"Twenty-four hours after delivery, I was favoured by a medical friend with the thoracic viscera of an infant, which had been still born, after a very difficult and protracted labour. On putting them into a vessel of water, the heart, lungs, thymus, gland, &c. were found readily to sink to the bottom, both conjointly and when separated, no symptoms of putrefaction were discernible. August 20, 9 o'clock, *a. m.* This being the third day after delivery, I separated the two lobes of the lungs, and placed them in a vessel of pure rain water, exposed to the rays of an intense sun, both lobes being at the bottom of the water: 2 *p. m.* both lobes floating. Here and there an air bubble visible on their surface. Odour very offensive: 7 *p. m.* left lobe sunk: right still floating. August 21, 9 *a. m.* both lobes sunk: 2 *p. m.* both floating: 7 *p. m.* both floating. August 22, both floating all day. August 23, 9 *a. m.* both floating; covered with air bubbles. On taking out one of the lobes, with a view of cutting off a portion of it, I found it so far dissolved as to render it impracticable. On returning it to the water it immediately sunk: 2 *p. m.* the lung which sunk this morning again floating. Both now float, and are horribly offensive. August 24, 9 *a. m.* the lungs which were taken out yesterday, sunk again; the other still floating. August the 30th, no change has taken place in

the situation of the lungs since the 24th. Finding the water nearly evaporated, I filled the vessel very cautiously with fresh rain water, upon which the floating lung sunk instantly. August 31, both lungs still sunk, and never afterwards showed any disposition to float, although suffered to stand for better than five weeks. If it should be objected to these experiments, that they are not satisfactory, because the lungs were separated from the rest of the body, it will obviate every difficulty to state a case in which the same result was observed in lungs which had not been taken out of the chest, until after they had become putrid. A case of this kind is related, in which the child was certainly born dead. It had already become putrid when it was dissected—its vessels were full of air, and vesicles distended with it were seen on the surface of the lungs. On putting the lungs into water they floated.

From the foregoing experiments it thus appears, that in the *incipient* stage of putrefaction, lungs that have never respired will float in water; whereas they will sink if it has continued long enough to completely destroy their organization, and thus extract all the air contained in them. These results have been corroborated by numerous other observations and experiments, and their truth cannot be doubted. It seems singular, indeed, that they should ever have been questioned, when a case perfectly analogous is witnessed in every person that is drowned. The body at first sinks; afterwards rises to the surface, when putrefaction has generated air sufficient to render it specifically lighter than water; and finally descends again, upon the extrication of that air."

We add the following experiments also by Dr. J. B. Beck, undertaken to satisfy himself of the correctness of Ploucquet's test. On a doubtful point like this, we cannot have too many facts.

"*Exp.* 1. New York, April 5, 1821, I was requested by the coroner to examine a male child, which had been found dead, exposed in one of our streets. From the size and appearance of the child, and from a variety of concurring observations upon the lungs and other parts of the body, no doubt remained that the child had been born alive, and had performed complete and perfect respiration. In this case, the relative weight of the lungs and body was as 1 to 35 19-47."

"*Exp.* .. Feb. 2, 1822. A female child, found exposed in Anthony-street, was examined by Dr. Dyckman and myself, in the presence of the coroner. The child had evidently respired. In this case, the proportion of the lungs to the body was as 1 to 37 1-2."

"*Exp.* 3. June 26, 1824. Examined a child which had been found in a sink—appeared to be of full size. The whole body was in a state of putrefaction; the lungs were also found in a similar condition. After a very careful and minute examination, I satisfied myself that the child had *not* been born alive. The proportion here between the weight of the lungs and the body was as 1 to 46 1-3."

"*Exp.* 4. May 7, 1822. Dr. J. W. Francis requested me to inspect with him a fœtus, the delivery of which he had attended three or four days previously. It had reached about the fifth month, and was judged to have been dead in the uterus about six days before delivery, owing to an accident which had happened to the mother. The fœtus was at present in a state of incipient decomposition; the lungs, however, were perfectly sound. The proportion between the weight of the lungs and the body was as 1 to 29."

"*Exp.* 5. Oct. 18, 1822. Another case, similar to the preceding, was examined by Dr. Francis and myself. The child was born between the fifth and sixth month, in a state of decomposition. The lungs were perfectly sound. The proportion between the lungs and the body was as 1 to 39 5-7."

"The two first of the cases just detailed, certainly go to support the correctness of Ploucquet's test. The approximation is unquestionably as near as the nature of the case is capable of. The three last seem to prove that putrefaction does effect a material change in the relative weight of the lungs and body."

On procuring Abortion.—This interesting subject Dr. J. B. Beck has introduced into this very learned and complete chapter on infanticide, and he has treated it more copiously than Dr. Paris. We have formerly extracted some excellent remarks on criminal abortion, by Dr. G. Smith. We cannot too strongly impress on our readers the remark of Dr. J. B. Beck, that even in unmarried females abortion is not always to be associated with crime and disgrace, and may often arise from natural causes, or accidental causes, beyond the control of the female. This consideration should teach medical men to decide in such cases with great caution. Dr. J. B. Beck agrees with the general opinion, that all the criminal means usually resorted to are extremely uncertain.

"Dr. Rush, in speaking of the effects of purging and *bleeding* in the yellow fever of 1793, asserts, that not one pregnant woman to whom he prescribed them died, or suffered abortion. In his defence of blood letting, the same writer gives us the account of one woman whom he bled eleven times in seven days, during her pregnancy—of another, who was bled thirteen times, and of

a third, who was bled sixteen times, while in the same condition. All these women, he adds, recovered, and the children they carried during their illness were born alive and in good health.—The foregoing facts, selected from a multitude of similar character, are abundantly sufficient to show the extent to which venesection may be carried during pregnancy, without being attended with any injurious consequences to the fœtus; and the effect must be the same, from whatever part of the body the blood may be drawn, whether from the arm or the foot. Still it is not to be denied, that when the constitution of the mother is naturally feeble and irritable, or has become much debilitated by disease, an injudicious loss of blood during pregnancy may prove fatal to the life of the fœtus. In all cases, therefore, of this kind, every attendant circumstance should be duly considered, for the purpose of ascertaining the intention of the person who recommended it.

"With regard to the use of ordinary cathartic medicines, during pregnancy, it is well ascertained that they may be carried to a great extent, without being followed by any injurious consequences, either to the mother or the fœtus. During the yellow fever of 1793, Dr. Rush informs us, that he gave large and repeated purges of calomel and jalap to many women in every stage of pregnancy, and in no case did any injury ensue to the child. Nay, he adds, that out of a great number of pregnant women, whom he attended in this fever, he "did not lose one to whom he gave this medicine, nor did any of them suffer an abortion. One of them had twice miscarried in the course of the two or three last years of her life. She bore a healthy child three months after her recovery from the yellow fever."

"Concerning oil of juniper, Fodere relates the following fact, which shews that this powerful article has failed in effecting an abortion:—A pregnant female took every morning, for twenty days, 100 drops of the distilled oil of juniper, without injury, and was delivered of a living child at the expiration of the ordinary term."

"*Juniperus-sabina.*—Savine. If given in sufficient large doses, this is a powerful poison. In the experiments made by Orfila on this article, it was found, in one instance, to destroy a dog, in sixteen hours, and in another thirteen hours after it was administered. In the case of Miss Burns, for whose murder Mr. Angus was tried at Lancaster, in 1808, there is reason to believe, from the testimony offered, that savine oil had been administered to effect abortion. That it does not always succeed is evident from a case related by Fodere. In 1790, a poor imbecile and cachectic girl, in the duchy of Aoust, in the seventh month of her pregnancy, took from the hands of her seducer a glass of

wine, in which there was mixed a large dose of powdered savine. She became so ill, that a report of it was made to the magistrate, who ordered Fodere to visit her. The patient stated to him, that on taking the drug she had felt a burning heat, accompanied with hiccup and vomiting. This was followed by a violent fever, which continued for fifteen days. By the proper use of refrigerants, however, she recovered, and at the end of two months was safely delivered of a healthy child.

"It has happened in some instances, that while the mother has lost her life in attempting to procure a miscarriage, the child has actually been born alive and survived. A case of this kind was witnessed by Fodere, in 1791. A cook, finding herself pregnant, and not being longer able to conceal it, obtained half an ounce of powdered cantharides, and mixed it with an ounce of sulphate of magnesia, and took them down in order to produce abortion. Some hours after, she was seized with violent colic, and brought forth a *living child*, in the most horrible pains.—During the succeeding night she died. If these facts were more generally known, I suspect the attempts at abortion would be much less frequent than at present. With regard to the accessaries and accomplices in this crime, it would be well for them to remember, that in every experiment of this kind which they make, they take upon themselves the awful responsibility of jeopardizing not merely a single life, but two lives. As far as *intention* is concerned, they are in all cases as much chargeable with the death of the mother, as with the destruction of the fruit of the womb.

"It results therefore, from what has been said concerning the means of producing abortion, 1st, That all of them are *uncertain* in their operation upon the fœtus; 2d, That they always endanger the life of the mother; and 3d, That they sometimes destroy the mother, without affecting the fœtus."

Legitimacy.—The chief topic of interest under this head is the limits of protracted gestation, about which so many strange and doubtful stories are told. We shall pass over the case mentioned by Pliny the naturalist, whose authority is upon a par with that of the credulous Buffon, and several other cases of an equally extraordinary kind, and content ourselves with a case which enlisted all the medical talent of France in its discussion.

"Charles ———, aged upwards of 72 years, married Renee, aged about 30 years, at the commencement of the year 1759.—They were married nearly four years without having any issue. On the 7th October, 1762, he was taken ill with a fever and violent oppression, which remained until his death. The last symptom was so severe, that he was forced to sit in his bed, nor could

he move without assistance. In addition to these, he was seized with a dry gangrene of the leg on the 21st, and with this accumulation of disease, he gradually sunk, and died on the 17th of November, aged 76 years. Renee had not slept in the chamber during his illness; but about three and a half months after his death, she suggested that she was pregnant; and on the 3d of October, 1763 (within four days of a year since the illness of her husband, and ten months and seventeen days after his death,) she was delivered of a healthy, well-formed, and full sized child. The opinion of Louis was asked on this case, and he declared that the offspring was illegitimate. Had he rested at this, even the advocates of protracted gestation might probably have murmured, as the circumstances were rather too powerful for the interposition of their favourite doctrines. But he took occasion in his consultation to attack the opinion generally, and to deny the possibility of the occurrence of such cases. Among the arguments which he adduces, are the following: that the laws of nature on this subject are immutable—that the fœtus, at a fixed period, has received all the nourishment of which it is susceptible from the mother, and becomes, as it were, a foreign body—that married females are very liable to error in their calculations—that the decision of tribunals in favour of protracted gestation, cannot overturn a physical law—and finally, that the virtue of females, is in these cases, a very uncertain guide for legal decisions. "If we admit," says he, "all the facts reported by ancient and modern authors, of delivery from eleven to twenty-three months, it will be very commodious for females; and if so great a latitude is allowed for the production of posthumous heirs, the collateral ones may in all cases abandon their hopes, unless sterility be actually present."

Dr. Beck thinks that this reasoning carries with it great weight, and it is partly confirmed by the judicious and experienced remarks of Professor Mahon.

Presumption of Survivorship.—This is an intricate, and in some instances of property by inheritance, an intensely interesting subject. We think it will be enough to give two cases from our author, illustrative of the doctrines disputed.

Survivorship of Mother and Child.—"A female, at the eighth month of pregnancy, died of a disease which the physicians styled anasarca complicated with scurvy, (*anasarque compliquee de scorbut.*) A surgeon immediately performed the Cæsarean operation, and extracted the child. In his *proces verbal* he states, that after tying the umbilical cord, and removing the mucus from its mouth, he observed pulsations at the region of the heart, and also found that it preserved a sufficient degree of warmth. It

expired, however, (he adds) three-quarters of an hour after the decease of its mother. Six witnesses were also present at the operation, four of whom stated that they applied their hands to the breast and felt the pulsation. The other two had not observed it.

"Pelletan was desired to examine this testimony, and to give an opinion whether the child had actually survived its mother. He remarks that there are certain causes of death which may destroy the mother, while the life of the infant may be preserved; of this nature, are sudden accidents, as drowning, a blow on the head, or violent hemorrhage. Fœtal life is even compatible, with some inflammatory complaints, but the probability is certainly against the surviving of the child, when the mother dies from a lingering and wasting disease. For this reason, and also because it does not appear to have arrived at the full time, he was of opinion that the child had died in the womb. As to the signs of life, even if they were fully substantiated to have been present, he conceives them equivocal. The heat and pulsation were probably the remains of fœtal existence. And the surgeon, if correct in believing that the heart beat for three-quarters of an hour, was certainly blameable in not using means to promote respiration. But the probability is that he was deceived. For these reasons, Pelletan gave it as his opinion that the mother survived the child.

Survivorship in Persons destroyed by Accident.—"Ricard, a celebrated advocate of the seventeenth century, has preserved a very curious case on this subject. In 1658, a father and son perished in the famous battle of Dunes; and at noon the same day, the daughter and sister became a nun, whereby she was dead in law. It was inquired which of these three survived, and it was decided that the nun died first. Her vows being voluntary, were consummated in a moment; whereas the death of the father and brother being violent, there was a possibility of their living after receiving their wounds. It was then necessary to decide between them, and after some disputation, it was agreed to follow the Roman law, and to declare, that the son being arrived at the age of puberty, survived the father."

Age and Identity.—These sometimes give rise to very nice and curious medical investigations, and it is therefore requisite that medical men should be well informed on points of this nature, on which they may be called to give evidence. The English law for example, fixes a certain age for puberty, though it omits to fix a period, beyond which the having of offspring may be considered impossible. The following case of doubts concerning identity is curious and important:—

"The Sieur de Caille, being a protestant, fled to Savoy, at the period of the revocation of the edict of Nantes. His son died before his eyes at Vevay. Some years after, an impostor pretended that he was the son of this person, and claimed the succession to his property. He was imprisoned, and his cause remained before the parliament of Aix for seven years. Hundreds of witnesses (among whom were nurses and domestics of the family,) swore that he was the son of De Caille, and the public sentiment was strongly in his favour, as he was a catholic. Testimonials, sent from Switzerland, that the real son was dead, were of no avail, and the parliament declared in 1706, that he was what he claimed to be. The wife of the impostor shortly after discovered, that although she had been silent, yet his elevation would not profit her; she therefore began to mention who he actually was, and on appeal, the cause was transferred to the parliament of Paris. The evidence adduced showed that the late son of De Caille had some distinguishing peculiarities in shape and make. He was of a small make, and his knees approached each other very closely in walking. A long head, light chesnut hair, blue eyes, aquiline nose, fair complexion, and a high colour, were his other characteristics. The stature of the impostor (Pierre Mege, a soldier) was, on the contrary, five feet six inches, and his black hair, brown and thin complexion, flat nose, and round head, sufficiently distinguished him from the former individual. Other physical conformations were observed, which it is not necessary to mention, but which strengthened the testimony against Mege. The parliament accordingly decided that he was an impostor."

Mental Alienation.—Dr. Beck has investigated this important subject with some minuteness and accuracy, which we have already seen, are his qualities as a writer. He divides it into six parts: the symptoms that constitute a state of insanity; feigned and concealed insanity; the legal definition of a state of mental alienation, and the adjudications under it; inferior degress of diseased mind; the state of mind necessary to constitute a valid will; the capacity and the morality of the actions of the deaf and dumb. We cannot of course enter into all the details of each of those divisions, but we shall, as in the preceding parts, select what appears to be most interesting.

Symptoms of Insanity.—The division of the various states and degrees of insanity, laid down by Esquirol, is perhaps the best and most distinct, namely, Mania, in which there is hallucination accompanied by excitement, extending to many objects; Monomania or melancholy, centering in one or few objects; De-

mentia, or incapability of reasoning arising after birth; and Idiotism congenital.

Mania.—"The appearance of the eye is the circumstance most readily to be noticed, and the change in it from a state of health even precedes incoherence of language. Recovered patients have described a peculiar sensation connected with this appearance, as though the eye flashed fire from being stricken smartly with an open hand, and this increased, in proportion as the ideas became more and more confused. There is a peculiar muscular action of these organs, a protrusion of the eyes, a wandering motion in every possible direction, and in a manner peculiarly tiresome to the beholder. During a paroxysm, they appear as if stiffly and firmly pushed forward, and the pupils are contracted; and yet with all these appearances of excitement, it has rather a dull than a fierce look. The muscles of the face also partake in the change, and the rapidity of the alterations they undergo, depends on the succession of ideas which pass with such velocity through the mind of the sufferer.

"As the attack advances, the individual becomes uneasy, is unable to confine his attention, walks with a quick and hurried step, and while doing so suddenly stops. Men of the most regular and established habits, will suddenly become active, jealous, and restless; they abandon their business, and enter into the most extravagant undertakings, while, on the other hand, some who naturally are of a lively disposition become indolent and indifferent, fancy themselves sick, or have a presentiment of severe disease. Persons subject to habitual indisposition, which has disappeared suddenly, fancy themselves in high health, and are greatly elated.—The language is totally different both in tone and manner from the usual habits of the maniac. He becomes angry without any assignable cause—attempts to perform feats of strength or efforts of agility, which shall strike the beholder with astonishment at his great powers. Many talk incessantly, sometimes in the most boisterous manner, then suddenly lowering the tone, speak softly and whisper. The subjects vary equally. They are never confined long to one point, but voluble and incoherent. The same phrase is sometimes repeated for a length of time."

Monomania, or Melancholy.—Those who are affected with this species often appear quite rational, on all subjects unconnected with the predominant hallucination.

"Some are gay and highly excited—laugh, talk, and sing—fancy themselves deities, kings, learned, and noble. Cases of this nature must be familiar to every reader. Fodere mentions one which is strikingly illustrative. A merchant at Marseilles,

aged 70, and always a decided royalist, had devoted himself to heraldic researches. He was so overjoyed at the return of the Bourbons to France, that he became insane. His predominant mania was to recite, with a loud voice, the history of the kings of France, and to fatigue his auditors with a tedious catalogue of chronological facts. If they listened with patience, he was contented and calm, but if any impatience was manifested his fury became ungovernable.

"Melancholy is a disease of mature age, and rarely affects young and athletic persons. It is also generally characterized by a peculiar appearance, and particularly by black hair and eyes—by a striking cast of countenance, as the complexion is either yellow, brown, or blackish. The physiognomy is wrinkled and languid, yet sometimes the muscles of the face become convulsively tense, and the countenance is full of fire."

Dementia.—Those who labour under this form of insanity are generally calm and quiet, though occasionally short periods of fury supervene. They sleep much, enjoy a good appetite, and are apt, if neglected, to become slovenly and dirty in their appearance. Esquirol mentions a case, which will give a general idea of this class in its usual form. The patient was a female, aged 70, who, after having passed several years in a state of furious mania, at last fell into dementia. The hallucination of this individual corresponds with her advanced age, and the long duration of the complaint. She preserves a few ideas, which still savour of pride. She believes herself the daughter of Louis XVI., but otherwise there is no coherence; no memory of recent transactions; no hopes or fears, desires or aversions. She is calm, peaceable; sleeps well, eats with voracity, and appears perfectly happy. The ideas of patients, although few and isolated, sometimes pass in rapid or alternate succession; and this gives rise to incessant babbling, unwearied declamation, and continual activity, without object or design. Occasionally they assume a menacing air, without any real anger, and this is soon succeeded by immoderate laughter.

Idiotism.—"Individuals labouring under congenital idiotism, are marked by some striking characters. At its commencement, it is indicated both by feebleness of body and feebleness of mind. The skull is smaller and inferior in height to the skull of maniacs, and there is a great disproportion between the face and head, the former being much larger than the latter. The countenance is vacant and destitute of meaning, the complexion sickly, the stature usually diminutive, the lips and eyelids coarse and prominent, the skin wrinkled and pendulous, and the muscles loose and flabby. To these are usually added a complication of other

diseases. The subjects are ricketty, scrofulous, or epileptic.—The eyes are squinting, or convulsive, and the hearing is imperfect or totally destroyed."

In Mr. Hobhouse's Travels in Albania, is the profile of a female idiot, who was only three feet and a half in height. She constantly sat, rolled up as it were, upon a truss of straw; was quite dumb, nearly deaf, and possessed of no one consciousness of humanity. She would hop towards her keeper, on being loudly called by her name.

Feigned and concealed Insanity.—No disease is more easily feigned, or more difficult to detect, than mental aberration. It is most commonly feigned, for the purpose of escaping punishment due to crime, and consequently the responsibility of the medical examiner is great. It is his duty, and should be his privilege, to spend several days in the examination of a lunatic, before he pronounces a decided opinion. If this be allowed him, and also if he be enabled to obtain a complete history of the antecedent circumstances, much may be effected towards forming a correct opinion. The following case is from Dr. Rush :—

"Two men were condemned to die in 1794, for treason, committed against the general government in the western counties of Pennsylvania. One of these was said to have become insane after sentence of death was pronounced on him. A physician was consulted upon his case, who declared the madness to be feigned. Gen. Washington, the President of the United States, directed a consultation of physicians, and Drs. Shippen, Rush, and S. P. Griffiths, were appointed for that purpose. The man spoke so coherently upon several subjects, that for a while the state of his mind appeared doubtful. Dr. Rush suggested the propriety of examining his pulse. It was more frequent by twenty strokes in a minute, than in the healthy state of the body and mind. Dr. Shippen, ascribed this to fear, but when the pulse of his companion was examined, although equally exposed to capital punishment, it was found perfectly natural both in frequency and force. This discovery induced the physicians to unite in a certificate, that the individual was really mad. He was respited and subsequently pardoned."

This disease is observed to be concealed in the hope of escaping the restraints of confinement; and the difficulty of detection is increased by the remarkable cunning and dissimulation of which some maniacs are capable. The following striking instance was given by Lord Erskine in his celebrated speech for James Hadfield :—

"I examined," says he, "for the greater part of the day, in this very place, (the Court of King's Bench) an unfortunate gen-

tleman who had indicted a most affectionate brother, together with the keeper of a mad-house, at Hoxton, for having imprisoned him as a lunatic, while, according to his own evidence, he was in his perfect senses. I was, unfortunately, not instructed in what his lunacy consisted, although my instructions left me no doubt of the fact, but not having the clue, he completely foiled me in every attempt to expose his infirmity. You may believe that I left no means unemployed, which court experience dictated, but without the smallest effect. The day was wasted, and the prosecutor, by the most affecting history of unmerited suffering, appeared to the judge and jury, and to a humane English audience, as the victim of the most wanton oppression; at last Dr. Sims came into court, who had been prevented by business from an earlier attendance. From him I soon learned that the very man, whom I had been above an hour examining, and with every possible effort which counsel are so much in the habit of exerting, believed himself to be the Lord and Saviour of mankind, not merely at the time of his confinement, which was alone necessary for my defence, but during the whole time he had been triumphing over every attempt to surprise him, in the concealment of his disease. I then affected to lament the indecency of my ignorant examination—when he expressed his forgiveness, and said with the utmost gravity, and emphasis, in the face of the whole court, "I am the Christ;" and so the cause ended."

Definition of Mental Alienation.—We think it unnecessary to enter into the metaphysical niceties which have been so often said and written on this point, for little that is definite or practical has as yet been determined on by jurists; and till something more useful be advanced on the subject, we shall refer our readers to what we have said of Dr. Haslam's pamphlet, Vol. V. page 474.

We have thus finished our analysis of one volume of this interesting work, and must, with regret, leave the other for the present; though we shall not lose sight of it, and shall often refer to it in our subsequent Numbers, perhaps, make another analytical article from it.

MONTHLY SUMMARY

OF PRACTICAL MEDICINE.

I. ANATOMY AND PHYSIOLOGY.

Remarks on the recent progress of Physiology.

In the department of Physiology, we find little on which to congratulate ourselves. It would be unreasonable, indeed, to expect that each short period which intervenes between these Historical Retrospects should give birth to any brilliant discovery; but what we lament is, to perceive the danger which physiology at present runs of being brought into utter disrepute, from the manner in which it is cultivated by our continental neighbours, who seem unable to discover that the multiplication of experiments, without some rational object, can never contribute to the advancement of science. Too many of these which we find recorded in the foreign Journals relate to matters of mere curiosity, while others concern facts which we know sufficiently well without any fresh illustration. But the French will not believe that we see with our eyes, or hear with our ears, unless it be proved by experiment. Thus a rage for experiments is the prevailing mania, and every youth who would acquire a name gets him a supply of dogs, cats, rabbits, and guinea pigs, in order to ascertain—no matter what. "Voici un chien, qu'est ce qu'il faut faire." Accident or the whim of the moment seems often to dictate the particular cruelty to which the animal is to be subjected, and the *experiments* are forthwith detailed with all possible minuteness of description, and all the affectation of scientific precision. The next step towards becoming a physiologist of repute is to lay this account before the Institute, a committee of which is appointed to report upon it, and accordingly do report, that it is very clever and very learned; that the author is an ornament to science and an honour to France. Those who are acquainted with the aspect which experimental physiology has lately assumed in that country, will be sensible that this picture is not too highly coloured: indeed, it is quite extraordinary to see with what facility the approbation of various learned bodies in Paris has recently been bestowed upon dissertations the most directly contradictory of each other. We beg not to be misunderstood: it is not to well-directed experiments, insti-

tuted to ascertain important objects, that we object, but only to such as we have above alluded to. Viewing the matter in this light, our readers will excuse us if we decline to recapitulate *all* the discoveries recently made by slicing away portions of the brain and cerebellum,—the mode of investigating the functions of the nervous system at present in fashion. Such, however, as appear worthy of attention we shall relate.—*Lond. Med. and Phys. Journal.*

Baron Larrey *on the Lesion of Nerves.*

Baron Larrey has given some share of his attention to the nerves, although in a very different way from the professed experimentalists. The observations of this veteran surgeon have been principally made on the human body, during surgical operations undertaken in consequence of wounds received in battle; and any facts thus indirectly ascertained are, at least, as valuable as those brought together by the express institution of experiments. He has frequently observed that the division of the nerves of the brain causes acute, but momentary, pain; that the cut extremities, instead of retracting, seem rather, to become a little elongated, and to touch each other; whilst all the other soft parts, when recently divided, retract and separate from each other with more or less force; that the cut ends of nerves swell, or bulge out, to a certain distance, and form at their summit a rounded unequal eminence, from whence arise very slender filaments, (doubtless formed by the neurilema,) which unite with the surrounding parts, and lose themselves in the cicatrices, which become very sensible. When these nervous extremities are exposed to the contact of the atmosphere, they inflame, and become covered with fleshy granulations formed by the vessels of the neurilema; and the parts thus inflamed are extremely sensible and painful, so that they cannot be touched without exciting convulsions. When the two extremities of a divided nerve are reunited by spontaneous cicatrization, the nerve, as is well known, again transmits the stimulus necessary to restore the functions of the part to which it is distributed. According to M. Larrey, this communication is not effected by means of any anastomosis, but each nervous filament which enters into the formation of a nerve fulfils a certain specific function, which cannot be supplied by any other; thus resembling the metallic wires which form the common cord of the electrical telegraph of Sœmmering.

These statements, however, are not peculiar to M. Larrey; but a circumstance follows which we believe is not generally known,—it is that two distinct nerves, which have been divided during an amputation, may unite together in the stump, end to end. He amputated the right arm of a soldier, named Glass, in 1821, for scrofulous ulcers and caries of the bones of the fore-arm. The patient died in the summer of 1823, of tubercular phthisis; and, on examining the stump, it was found that the cicatrix, which had become linear, was depressed in the centre, and appeared to have formed vascular connexions with all the subjacent parts, including the periosteum of the bone. This external envelope having been removed by careful dissection, it was found that the cut end of the bone was become thin and rounded, the medullary cavity being almost obliterated; the humeral artery and vein were united at their extremity, and their cavity destroyed to the extent of some lines. The trunks of the median and external cutaneous nerves were united end to end by their divided extremities; and an incision made through the cicatrix afforded no trace of intervening cellular texture, the substance of the two nerves appearing to be blended together, like natural anastomoses formed by the sides of certain nervous trunks which have separate destinations. The two trunks of the brachial plexus, which runs to the posterior part of the arm and fore-arm, were united in a similar manner.—*Lond. Med. and Phys. Journal.*

II. SURGERY AND MIDWIFERY.

Dr. Sauter *on the Extirpation of the Uterus.*

The surgery of the present day is not more characterized by the science of its principles, than by the boldness of its practice. It is not only in the capitals of large kingdoms that the passing of ligatures around arterial trunks, second in importance only to the aorta, is practised as a routine operation, and the removal of a whole extremity is undertaken; but in the back settlements of America, surgeons venture to lay open the abdomen, and cut out from behind the intestines diseased ovaries; and here we have an account of a surgeon of Constance successfully extirpating the whole of a morbid uterus remaining *in situ*, unappalled by the protrusion of the intestines through the vagina.

Few diseases are more painful, or more hopeless, than cancer of the womb; but, until the present instance, the despair of the

sufferer has not met with an artist bold enough to run all hazards in attempting to give relief. But Dr. Sauter was unable to resist the urgent entreaties of Genoveva Waldorf, aged 50, the wife of a labourer, that he should attempt to relieve her sufferings, even if she should die under his knife; and although the operation had never been performed, yet the accidental approach to it, in some cases of *prolapsus uteri*, in some measure justified his procedure.

On the 28th January, 1822, at 2 *p. m.*, Dr. Sauter proceeded to perform the operation, assisted by his son and Mr. Distel a surgeon. The only cutting instrument used was a fine, narrow scalpel, with a thin broad handle and a short convex cutting edge. The patient was laid upon her back and her legs kept asunder by the assistants. The rectum and bladder were emptied in the first place. Dr. Sauter tried, by introducing the fore finger of the left hand curved to act as a hook through the disorganized *os uteri*, how far the *uterus* could be pulled down; but the fungous substance tore and bled, and the uterus did not move. The fore and middle fingers were now introduced under the *os pubis* into the space which the vagina forms around the uterus; the knife was next introduced between these fingers, and the vagina slowly divided to the uterus. The point of the finger was inserted, the incision and the circular division of the vagina gradually effected. Dr. Sauter next attempted to separate the lateral connexions as high as possible, again with his fingers in the mouth of the womb, pulled the uterus as far down as possible, and tried to separate the cellular connexions, partly with the handle of the knife, partly with the fore finger of the right hand, but could not succeed on account of the narrowness of the space and the strength of the connexions, and during this attempt, a great part of the fungus on the anterior lip of the *os tincæ* separated. Dr. Sauter next tried the forceps. He introduced one blade into the mouth of the womb, and the other over its anterior surface, and then pulled with some force, and attempted to separate between the uterus and bladder by the handle of the knife and finger within the peritoneum, but in vain. Half an hour was consumed in these painful and fruitless efforts, and Dr. Sauter found himself obliged to change his mode of operation and desist from all attempts to peel the uterus out of the peritoneum; and he took the desperate (and, to himself, unaccountable) resolution of cutting the uterus, *in situ*, entirely out. He now put two fingers of the left hand into the vagina, and into the separation made between the bladder and uterus, carried the scalpel between these fingers to the place to be cut, endeavoured to lay hold of a portion of the cellular membrane with the bent fore finger, and thus

cut portion by portion between the fingers, always keeping close to the uterus, until he got into the cavity of the abdomen. He next laid hold of the peritoneum with the hooked fore and middle fingers, and pulled it down, and divided it with the knife, portion by portion, close to the uterus on both sides, until the anterior and upper connexion, along with the peritoneum, was divided as far as the lateral connexion which lies higher. He now introduced the whole left hand into the vagina, laid hold of the lateral connexions with the fingers as before, and cut off from above, downwards as close to the uterus as possible, all connexion of the uterus with the ovaries, Fallopian tubes, ligaments, &c. He was now able to lay hold of the *fundus uteri* with four fingers, and attempted to invert it forwards; but the patient pressing strongly down as in labour pains, the intestines protruded into the vagina, over his hand, and he was obliged to desist. At a third attempt, by the aid of an assistant, who made strong pressure above the pubes, the uterus was at last inverted and brought down, with its fundus, forwards to the external labia, the intestines following. He was, however, now able easily to complete the division of the lateral connexions, and that with the rectum from above, downwards, and thus to terminate this dreadful operation. The intestines were now reduced into their natural situation, the patient kept in a perfectly horizontal position, and some clean dry lint introduced. The hemorrhagy was never so great as to threaten danger, and it was not necessary to secure any vessel. About a pound and a half of blood might have been lost in all. But, for the sake of precaution, wads of lint, wet with solution of alum, were stuffed into the vagina upon the dry lint already there.

The patient bore the operation wonderfully, and did not feel faint till it was over. She then complained of pain, especially in the epigastrium. The body was covered with a cold sweat; the pulse very small, scarcely to be felt, and diffusible stimuli were given in small doses. In three hours after the operation she recovered; the sweat became warm, and the pulse better. She now complained of burning heat in the vagina, but had no pain in the abdomen; and those in the pelvis, the consequence of the operation, soon ceased.

The uterus thus removed was, by the measurement of a figure said to represent it in its natural size, about 2 1-2 inches long, and two broad, and the fungus protruding from its mouth still larger.

The detail of the convalescence need not be long. For some days vomiting recurred at intervals, chiefly during the night and after food. She was freer from pain the day after the operation

than she had been for months. On the following day the intestines could not be reached by the finger through the vagina.—On the ninth day after the operation, she sat up in bed; and on introducing the finger into the vagina, the peritoneum was felt contracted into a hollow cone. On the 13th she got out of bed for a little. Her convalescence was retarded by local exfoliation of the mucous membrane of the vagina, the effect of the application of the concentrated solution of alum, bowel complaints and incontinence of urine; but, on the 16th of March, in other respects she might be considered as cured. On the 9th of May she left the hospital, and took to her ordinary occupations and mode of life. On the 19th she began to complain of pulmonary affections, and she died on the 1st June.

The body was examined next day. The skin was very pale, and of a waxy whiteness; the left leg and thigh, and the *labium* of this side, œdematous; the abdomen not distended. By the finger in the vagina, the pelvis was found closed; and in the whole space there was no swelling or ulcer, but the posterior surface of the bladder was open. In the thorax, the lungs were found œdematous, and filled with greyish mucus, the heart natural. In the abdomen, every thing was in a good state, and in its natural situation; no effusion, or indication of former effusion. The omentum covered the intestines, as usual. The liver was in all respects natural, the gall-bladder empty. The spleen healthy, as well as the kidneys. The stomach pale, flaccid, pretty large, empty, and not distended with air. The intestines throughout natural, in their proper positions, no where inflamed, or showing traces of former inflammation; the small intestines quite empty; the ascending colon containing a considerable quantity of feces, of a soft consistence. The abdomen was entirely closed towards the pelvis; the peritoneum in this situation, as every where else, had its natural colour; the intestines could be freely lifted from it, except at one point in the middle of the covering of the pelvis, where the small intestine, resting upon it, adhered firmly by its external coat to a firm whitish-grey membranous mass, half a line in thickness, about the size of a sixpence (6 kreutzer,) and was difficult to separate; but the separation was effected without opening the gut. Behind this, towards the rectum, there was a more extensive adhesion, about the size of a dollar, which could not be separated without opening the pelvis. All these intestines were perfectly sound, no where contracted, and their functions unimpaired. The rectum passed right into the pelvis, quite uninjured, and the division quite sharp upon it. The pelvis, examined from above downwards, was without growth or ulceration, and every where per-

fectly healed. The *ovaries* were found in their natural situation, but appeared rather small. The Fallopian tubes could be distinctly made out.—*Edin. Med. and Surg. Journal.*

Dr. Pearson's *Remarks on Syphilis.*

1. That mercury is a specific remedy of syphilis may be safely admitted; yet mercury, instead of curing some diseases consequent on impure cohabitation, and especially those which resemble the chancre, will be often highly injurious to them, whether applied locally, or received into the system. Will it be asserted that these cases therefore are not venereal? But suppose that any one of these patients, and the supposition is founded on facts, after the healing of the sore without mercury, shall be infested with the secondary symptoms of lues venerea, and these symptoms shall yield to mercury; are we to conclude that the disease was originally venereal? If so, then mercury may exasperate the primary symptoms of such a disease, and cure its secondary symptoms. Hence the conclusion drawn from the operation of mercury ceases, under some circumstances, to be a certain test of the presence, or absence, of syphilis.

2. Mr. Hunter considered the gonorrhœa as one form of lues venerea; yet he was aware that the gonorrhœa often admits of a natural cure. He could not, consequently, intend to affirm, that in every venereal case, without limitation or restriction, the introduction of mercury into the system was indispensably necessary to its cure.

3. To bear a resemblance to syphilis is an ambiguous phrase; since it may mean that some one or more of the appearances resemble those which occur in syphilis; or that the origin, progress and order of succession of the symptoms coincide exactly with those derived from the venereal poison. Now it is a remarkable and an important fact, that no one symptom derived from syphilis is peculiar to that disease; a resemblance in the evolution and mode of conjunction of the several morbid appearances is, therefore, necessary to verify and establish the identity of the morbific poisons.

4. The evidence arising from the salutary effects of mercury in subduing the disease might be admitted as valid, if mercury cured no other malady. But as this medicine may be employed successfully in removing many cutaneous disorders, the proof fails in a most material point, and carries little or no conviction of the correctness of the inference. Indeed, when the disease

'yields to no other remedy,' and is cured by mercury; this affords a fair presumption in favour of Mr. Hey's opinion, and the evidence is strengthened, if the concurrence of symptoms resemble those of lues venerea; yet, the proof is incomplete while a discordance can be shown that similar appearances occur, when nothing like a venereal taint had ever infested the mother. If the validity of 'Mr. Hunter's argumentation' be conceded; yet the converse of that is not to be admitted as equally valid. He who firmly believes that syphilis is curable by mercury only, may conclude with Mr. Hey that a given case, which has been cured without mercury, was not venereal; but since mercury may be administered with success in diseases not venereal, there is a manifest imparity between Mr. Hey's reasoning and that of Mr. Hunter.

5. The instance of the gentleman, who, being free from any ailment, was supposed to have communicated the primary symptoms of syphilis to his wife, presents a fact not easily to be conceived, and which is still more difficult of explanation. Yet, several cases of a similar kind have fallen under the writer's observation, and what is remarkable, they have occurred more frequently where the gentleman had been infected with gonorrhœa only, and was cured previously to marriage, than when he had suffered from chancre. Some of these females had local symptoms only; in others, these were succeeded by constitutional symptoms; and in some, the malady first manifested itself by the appearance of an ulcerated throat and copper-coloured spots upon those parts of the body which are most commonly infested by venereal eruptions. But, further; symptoms bearing a great resemblance to syphilis may arise spontaneously and under circumstances where no sexual intercourse shall have occurred during many months; they may even appear after mechanical injuries received on the organs of generation, or after the application of acrid substances to those parts, and the primary sore may be succeeded by ulceration of the tonsils & copper-coloured spots on the body. These assertions are made in full confidence of the accuracy with which the observations were made. That duly verified facts like the preceding surround the subject with many difficulties, and tend to introduce a considerable measure of scepticism into the reasonings and decisions of professional men, is neither denied nor dissembled. To elucidate many conflicting facts which present themselves, no ordinary powers of discrimination may be sufficient; since the object of inquiry is sometimes enveloped in a darkness which can hardly be dispersed by talents the most brilliant; or it is involved in perplexities which refuse to be disentangled by any means short of multiplied ob-

servations, the most patient thought, well-contrived experiments, and transcendent sagacity. It may be the happy lot of some favoured mortals to keep the tenor of their way undisturbed by doubts or perplexities; and to such, he who discloses difficulties in their path, or his own, must be an object of pity, wonder, or annoyance. But doubt in medical matters is generally less dangerous than presumptuous confidence; and, if suspension of mind control rashness, it is not inimical to practical utility. The consciousness of an inability to explain, unfold, and elucidate a pathological problem is perfectly consistent with such a measure of knowledge as is quite sufficient for human utility, and which will conduct to a very safe and successful mode of treatment.—*Med. Chir. Review.*

III. PATHOLOGY AND THERAPEUTICS.

Dr. Combe's *Case of Anæmia.*

This is an interesting case. We shall therefore give a full abstract of it;—for many in the Profession require a beacon to be placed before them. Inflammations, acute, subacute, and chronic—congestions, engorgements, and determinations of blood—have been so often rung in the ears of those who are more ready to adopt than to examine received notions, that they have forgotten that derangements do occur consisting of a deficiency of the quantity of the circulating fluid, and of a deterioration of its quality. Granting, however, that all morbid conditions of the blood are generally more or less remote effects of a previous state of disease, which ought more immediately to arrest our attention, it must be acknowledged that these conditions become, in the process of morbid phenomena, very effective causes of ulterior disorder, and demand our direct and strenuous endeavours for their removal: whenever, also, other indications of disease with which they may be combined suggest the propriety of depletion, they should, in a more particular manner, engage our most profound powers of deliberation.

We extract as much of the case, in the author's words, as our limits will permit:—

"July, 1821, I was first consulted by the subject of this case. He exactly resembled a person just recovering from an attack of syncope; his face, lips, and the whole extent of the surface, were of a deadly pale colour; the albuginea of the eye bluish; his motions and speech were languid; he complained much of weakness; his respiration, free when at rest, became hurried on the

slightest exertion ; pulse 80, and feeble ; tongue covered with a dry fur ; the inner parts of the lips and fauces were nearly as colourless as the surface. He says that his bowels are very irregular, generally lax, and that his stools are very dark and fœtid ; urine reported to be copious and pale ; appetite impaired ; of late his stomach has rejected every kind of food ; has constant thirst : he has no pain referrible to any part ; and a minute examination could not detect any structural derangement of any organ. He is forty-seven years of age. . . . . He is married, and has no family ; leads a regular and temperate life ; has enjoyed perfect health since childhood, and has never been blooded. He was advised to use some medicine to correct the state of his bowels, to confine himself to a light diet, and to take gentle exercise."

" A few days afterwards his stools were dark and very fœtid ; urine pale and copious, depositing scarcely any sediment. His feet became œdematous ; and his appetite failed him. The skin was of the same waxen colour, soft, and delicate, the cellular texture about the eyes and breast being slightly distended with watery effusion. The pulse was feeble, and easily excited by any motion. The veins on the arm and neck were delicate, and could be felt on making pressure ; but the colour of the blood did not appear through the skin. Some tonic medicines, a mild nutritious diet, with wine, were prescribed."

" About a fortnight after this he was evidently better but I was not at any time confident that there was any change in his complexion. Towards the end of September he tried the effects of a sea voyage, and afterwards drank the waters of a chalybeate spring. He returned in the middle of October with a loss of flesh and strength ; his legs were much swollen ; his skin had the same exsanguine appearance. For two months after this the disease presented no peculiar features in addition to those already enumerated ; all the symptoms, however, were aggravated, and the constitution began to sink under their pressure. About the middle of January, 1822, the œdema had extended over his face and upper extremities, and evident marks of effusion into the chest presented themselves. He died in a few weeks, with all the symptoms usually attendant on hydrothorax."

Dissection.—" Assisted by Dr. Kellie, I proceeded, thirty-six hours after death, to examine the body. Externally it presented no peculiar appearance : the colour was nearly the same as during life, and we did not observe on the depending parts of the body the usual dark-coloured spots from the gravitated blood. The muscles had acquired little *roideur*. Tho subcutaneous fat was scanty, of a pale colour, and semifluid.

"Not a drop of blood escaped on dividing the scalp; the dura mater, as usual, was pale, presenting few vessels, and those empty; it was bedewed with serum. Near the vertex, and to the left of the sinus, was a considerable ossification imbedded in the plicæ of the membrane; it was an inch long, rough, and irregular. The pia mater was pale; its blood-vessels contained a pale serum and a considerable quantity of air: a slight effusion under the arachnoid coat. The substance of the brain was very soft and pultaceous, presenting very few vessels, and very little difference in colour existed between the cineritious and medullary portions.—[Was there no morbid softening of the brain here?]—The ventricles contained about two drams of serum, and about two ounces were found at the basis. The lateral sinuses were moderately filled with pale fluid blood; the arteries at the basis empty. In the thorax we found effused about three pounds of a lemon-coloured serum; the lungs of a pale grey colour, without any mark of gravitated blood. The pericardium contained about an ounce of serum. The heart, when cut into, was of a pale colour, and did not tinge linen when rubbed upon it; it appeared like flesh macerated many days in water. The right ventricle contained a pale coagulum. The left side was wholly empty: coronary arteries sound." . . . .

"The liver was of its proper size and structure, but of a light brown colour. There was no exudation of blood on cutting its substance. The muscular substance throughout the body was like that of the heart. The arteries were universally empty, and so were the jugular, femoral, and humoral veins. The lower cava alone, about the bifurcation, with the exception of the lateral sinuses, contained any appreciable quantity of blood." The abdominal viscera were pale, bloodless, and without structural derangement.—*Lond. Med. Repository.*

Mr. Blackadder's *Notices of Obscure Affections of the Colon and its Appendage.*

A stout healthy looking man, about forty years of age suddenly fell to the ground while standing in the erect posture, and engaged in conversation. There was no contortion of the features, nor convulsive motion of the limbs. The eyes were closed—the face rather pale—breathing short and hurried—the pulse a mere flutter, scarcely to be felt. Several attempts at general blood-letting were made almost immediately, but with very little success. Within an hour after his being thus seized, I saw him

for the first time. His eyes were still shut, and he paid no attention to questions that were addressed to him ; but now and then he moved different parts of his body as if from pain, and his countenance was expressive of severe oppressive suffering. The respiration and pulse as before. On closer examination, it was found that the abdomen was greatly and permanently retracted, the respiration being performed solely by the thorax. On touching the abdomen with the hand, he instantly gave signs of severe suffering by writhing his body, moving his limbs, or rolling his head from side to side on his pillow. Still his eyes remained shut, and he did not attempt to speak. It was now remarked, that every other while he had a slight shivering fit, as from a sensation of cold ; and it was very soon evident that this symptom was on the increase. Fomentations were applied to the abdomen and inferior extremities. A warm bath was ordered to be got ready, and an ethereal draught was with difficulty administered, but which fulfilled the purpose for which it was chiefly intended. He now became more restless. His eyes occasionally opened, and he attempted to speak, but for some time could not articulate. At length, and with much apparent exertion he could answer such questions as were put to him, but seemed so overcome with oppressive suffering, that he never attempted to speak unless when urged to do so. I learned from him that he experienced a most excruciating pain of the abdomen, which was greatly aggravated by even slight pressure ; and he earnestly begged that it might not be touched. The fits of shivering became more severe and frequent, so as to be almost continual ; the pulse still small and fluttering. Castor oil and injections were administered, and the contents of the bowels were found to be perfectly natural. He was now placed in a warm bath, which at first seemed to give relief. The cold sensation and shivering were removed ; and the pain of the abdomen was, he said, mitigated. It was evident, however, from the expression of his countenance, and the state of his pulse and respiration, that no great alteration had been produced. After remaining in the slipper bath about ten minutes, he suddenly requested to be removed to his bed ; and this was hardly effected when he expired.

I have no hesitation in confessing, that I was much embarrassed by this case. The whole period of his illness did not much exceed three hours and a half, and I could not, at the time, form any satisfactory opinion is regard to the *ratio symptomatum*.

I examined the body twenty-four hours after death, and the following morbid appearances were detected.

The heart was rather large, its parieties thick and firm, its cavities on the right side were gorged with blood, and in the left

ventricle there was a reddish amber-coloured coagulum, from which a small branch extended nearly to the arch of the aorta, and terminated at the commencement of a shallow scaphoid dilatation of that artery, at the upper and anterior part of its arch. This dilated portion of the aorta did not exhibit any ossification, rupture or separation of its fibres, nor had the surrounding parts suffered any apparent change of structure. The valves of the aorta were somewhat thicker and firmer than natural.

The abdominal viscera had an unusually healthy appearance, except the *appendicula vermiformis*, which was remarkably increased in length and thickness, and felt like a firm chord between the fingers. On making an incision through its coats, this elongation and distention were found to be produced by a very large lumbricus, which had forced its way into the cavity of the *appendicula*, a portion of its tail, of about an inch in length, still projecting into the *caput cæcum*. There were no more lumbrici contained in any part of the alimentary canal, neither did its serous or mucous membranes exhibit the slightest marks of their having suffered from either former or recent irritation. * * * *

In one instance, I met with a calculous concretion in the *appendicula vermiformis*, about half an inch from its orifice. In size and shape it resembled a thrush's egg. Externally it had a thin coat or crust, of a greyish coloured earthy looking matter, and internally its structure resembled a ball, formed of minute ligneous fibres. This patient died of ulcerated and tuberculated lungs, in connexion with tuberculated induration of the liver; and was never heard to complain of any uneasy sensation at the head of the colon, or in its vicinity.

In another case in addition to various other chronic ailments, in which the lungs and liver were more especially implicated, the patient complained of a constant gnawing soreness about the head of the colon. On examining his body after death, I found the inner surface of the *caput cæcum* covered with ulcers, having ragged and irregular edges, and which might have been aptly described by the term "worm-eaten." On the surface, or under the edges of each of these ulcers, were found several large ascarides; but neither any of these animals, nor any morbid appearance, could be detected elsewhere, in the whole course of the alimentary canal. It may be a question, whether, the ascarides were the original cause, or only the accidental promoters of the ulceration; but there can be no doubt that such ulcers could not acquire a healthy action, as long as their surfaces were irritated by such a cause.

Another patient had long been affected with a disordered state of the stomach and bowels, and complained of a pretty constant

pain, soreness or uneasiness about the head of the colon, and which was not particularly increased by pressure. Various modes of treatment had been resorted to without very obvious or lasting benefit. At length an attack of jaundice supervened, and which continued some length of time, without any very marked alleviation being produced by the different means that were employed. One day, all at once, and very unexpectedly, this patient passed by stool an enormous quantity of *ascarides*, mixed with a glairy mucus, in which they seemed to have been imbedded. It did not appear evident that this dislodgement was the effect of any particular medicine, but from that day the patient recovered rapidly ; the pain of the side was gone, and the yellowness of the skin very quickly disappeared.

Independently of other strong objections to the use of calomel, more especially in such subjects, as intestinal worms are most commonly to be met with, I have never found it so certain in its effects as a suitable dose of aloes, along with an alkaline solution ; administering also a large injection of tepid lime water, before the operation of the purgative has extended to the understood site of the ascarides. By a little address the lime water injection may be made to reach the head of the colon ; and, so far as I have learned, these worms have never been met with above the valve of the ileum. This mode of treatment, I have learned, has been put in practice by others, and with success. I was first led to it many years ago, as the result of a very hypothetical speculation. What are termed vinegar eels and the ascarides, seemed to bear a resemblance to each other, both in their external appearance, and in the circumstances of their production. The former make their appearance only at a time when the vinegar has begun to undergo a decomposition of some kind or other, one of the effects of which are the formation of a thick slimy scum or sediment. When these animalcules were large and vigorous, they were not, I found, deprived of life by ardent spirits or even turpentine ; but were instantaneously killed by a weak alkaline solution, such as lime-water. The ascarides are almost never met with in the human body, except in connexion with a very obviously acid and slimy state of the contents of the intestines, and only in that part of the alimentary canal where the contained matters, though still more or less acid, have in part undergone the putrefactive fermentation. It would be a rash inference to draw from these perhaps imaginary coincidences, that vinegar eels and ascarides have any thing common in their origin. Experiment proved, however, that while immersion in spirits, &c., is immediately fatal to neither, weak al-

kaline solutions are equally and instantaneously destructive to both.

The foregoing notices of cases, &c., are not brought forward from an idea that they contain any thing very remarkable or singular. Unique or extraordinary occurrences excite curiosity, and may be worth knowing; but the object I had in view was to draw the attention to some of the occasional causes of those obscure symptoms which but too frequently present themselves, and of which it is often so difficult to determine, previously to the death of the patient, the true nature or origin, and consequently the proper treatment.—*Edin. Med. and Surg. Journal.*

Mr. Fosbroke *on the Origin and Treatment of Tubercular Affections.*

This singular analogy exists between the elementary causes of hydatids and tubercles, admitting the relations between them to be matter of unadjusted speculation, that the like cause is productive of both. Man, though omnivorous, is probably, like many quadrupedal animals, more dependent for nutrition upon corn than flesh. An inflammatory disease of the mucous membranes of the intestines, succeeding the epidemic fever, and preceded by that particularly bad season for corn which occurred in Ireland a few years ago, is described by Dr. Crampton. It differs from the peritoneal disease, in that it first affected the mucous membranes. The lungs, liver, and gall-bladder, were all beset with tuberculous enlargements and scirrhosities. As the author observes, all these changes must have subsisted for a considerable time antecedent to the effusion into the cavity of the abdomen and cellular substance, but "that it was not till a superadded inflammatory disease occurred in the membranes of the abdomen that the dropsical disease became established."

Whether uniform laws regulate the mode in which tubercle is produced; if by inflammation or by a process not inflammatory, or by both; or whether vesicular bodies may, or may not, be the germ of many morbid growths, with or without any such interjacent link as the tubercle; are parts of the inquiry which admit of evidence of a double nature. Some of the older Anatomists, and some of the most exalted of the modern, Laennec, for example, have been of opinion that tubercles have not an inflammatory origin. Dr. Baron admits grounds for the notion of a duplicity of origin, but, in the main, inclines to think that they result primarily from some process of another kind than inflam-

mation. Morton says, "a tubercle is bred from obstruction of some *glandulous part* of the lungs;" and, in his Phthisis-cologia, he talks of tubercles not being disposed to inflammation or maturation, and of this being a subsequent process. To Mr. Hunter we are indebted for a knowledge of the principles of inflammation, and of the extensive application of which those principles will admit; but let it not be forgotten, that when Mr Hunter is made the apostle on one side of this controversy, his disciples forget and depreciate him on the other. Mr. Hunter has said, that certain scrofulous local affections, many indolent tumours, tubercles in the lungs, many diseased thickenings without visible inflammation, and the contents of some kinds of encysted tumour, cancer, and many other kindred affections, "not preceded by inflammation, nor a consequence of it, are similar to each other, having, in this respect, *one common principle, very different from inflammation.*" If such were Mr. Hunter's opinions in allusion to certain structural changes, it is wonderful that his disciples should so suspiciously recoil from doctrines which really formed a part of them; as if they were meant to break through laws which he took pains to discriminate carefully, and to shew to be in no way allied. The illustrious individual in question was evidently the source of that deep, strenuous, and operative energy, which appeared to have characterized the glowing ardour and presuming efforts of those who began to cultivate medical science under him, and whom he set forth to imitate and pursue him in his style of precaution and progression; and even that which Mr. Hunter individually and immediately did, was less than that which he remotely caused by the spirit of research and experimental inquiry, which the example of his enthusiasm created subsequently to himself. The consequence of all this has been, evidently, greater mechanical improvement and more practical boldness than in his era; but, in admitting so much, it may be said fairly that his pupils have ventured but little into those original beats which their master dared. They have rather paced backwards and forwards in his foot-tracks, and taken up certain principles, which he taught, perhaps too confidently, as a basis upon which all their own observations were to be superimposed, and to be made to conform. Though it be a legitimate kind of ambition to complete and extend what may be but imperfectly effected, to examine the foundation and strength of recently established points, rather than hazard new and uncertain excursions, yet there may be a dangerous confidence in so doing, if, trusting that we are acting upon received principles, we really exceed temerity by blindly stretching such principles beyond the limits originally assigned to them.

Mr. Hunter instituted certain principles of practice, agreeable to the theory of absorption being increased by nausea. Nausea, as well as promoting absorption, seems to diminish the action of capillaries; and it is probable that this latter influence on the minor blood vessels is greatly instrumental to the increase of absorption. Dr. Jenner, who took up his preceptor's ideas, has given some interesting observations on this head. He has further said, "If ever I have seen a case, or cases, in which tubercles have been apparently ever formed and afterwards absorbed, it has been when the individual, either by accident or design, was kept for a while under the constant influence of sickness, either from being tossed about on the ocean, or by the use of those medicines which nauseated. Nothing short of absorption can get rid of that enemy to human existence, and I am clear in it that starvation and incessant sea-sickness, for a period little short of killing, will often induce the lymphatics to eat up these extraneous bodies, when they can get nothing better. Perhaps the absorbents may thus be made to relish a tubercle better than the scanty and ill-prepared cookery of the stomach and intestines. A man published, a few years ago, a work on Emetic Tartar, professing to cure consumption by giving two grains in a quart of water every morning. He attributed its effects to the *keeping down of the fever.* Mr. Fry, of Dursley, reported to me, that he restored to health a man, about forty-five years of age, who laboured under every symptom of pulmonary consumption, by keeping the stomach in a sickened state for upwards of a month. The whole quantity, as above, was taken daily at intervals, in such portions as to nauseate. Might it not be good in general scrofulous disorders?"

I have had but few opportunities of giving this mode of treatment a fair trial. In one suspicious case of induration of the mammæ in a female, who laboured under symptoms of mental derangement, I had not only the pleasure of seeing the progress of the tuberculated and knobby feeling of the breast suspended, but the cerebro-mental disorder greatly diminished by the same treatment. Blood was drawn with cupping-glasses from the breast, and the tincture of digitalis and tartar emetic given in sufficient quantities to excite a protracted loathing nausea. After a time, this female took such a dislike to this combination, that she declared that she would rather die than bear the sensations which it produced. Her mental malady became worse; but, after the lapse of three years, the affection of the breast has made no progress. There are cases, however, of this kind, which do not terminate in true carcinoma. I have already alluded to the beneficial effects of the digitalis and tartar emetic in

correcting both erroneous, glandular, and absorbent action, in those ill-conditioned and emaciated states of the frame, in young persons, in which more especially the functions of the mucous membranes of the intestines and of the lacteals are disordered. In these cases, the morbid alvine excretions generally consist of slime of various colours.—*Lond. Med. Repository.*

IV. MATERIA MEDICA AND PHARMACY.

Mr. Sprague *on the judicious application of remedies.*

Medicines, to the medical Practitioner, are what utensils or instruments are to the mechanic ; unless he knows all their uses he cannot succeed in his designs, and will be like a mechanic attempting to work without knowing the use of his instruments. The virtues of medicines are very numerous ; they agree with some constitutions only, from particular idiosyncrasy ; they are specifics in some disorders, are proper at particular periods and under peculiar circumstances. Thus ipecacuanha is a vomit and diaphoretic, and in still less doses an excellent tonic and astringent, increasing the appetite and strength, and the same dose does not fulfil these indications in all persons : opium also is narcotic, sudorific, and astringent ; but in some constitutions it excites vomiting, restlessness, and convulsions, causing an effort of the stomach to expel it. It is necessary to know the powers of each medicine, the symptoms requiring its exhibition, and the particular circumstances of constitution which may forbid it. If there was but one circumstance in diseases, the exhibition of remedies would be simple and easy ; but there are almost always several diseased actions going on at the same time, nor is the disease similar in two persons.

These important considerations cannot be too forcibly impressed on the mind of the reader. Why is it that our noble and divine art so often fails in producing that relief which it is capable of effecting? Deliberation on the preceding paragraph will satisfactorily supply the answer. In addition to this, how frequently do we perceive the hobby-horse of *regular empiricism* galloping along the high-road to fame and fortune, carrying on its back the most popularly eminent men. But, for a Practitioner to be really successful, he must not view things through a distorted medium, nor be influenced by splendid names, or any preconceived theory. Let him adapt his remedies to the actual state and condition of the patient, inferred from an accurate knowledge of pathology ; and, assisted by a comprehensive acquaintance

with the materia medica and the compositions of pharmacy, he must be more successful than the mere empirical routinist.

It is much to be lamented that too often, instead of being instructed in this extensive view of the science, we observe the student to leave the schools and the hospitals of the metropolis with very confused notions of disease; and although his memorandum book, perhaps, is full of recipes which have been handed down from father to son, as infallible specifics, such compositions are frequently a farrago of incompatibles, and consequently not calculated to produce curative effects. Another cause of the want of confidence in the resources of our art, is, that the young man, from not being accustomed to previous habits of reflection, does not sufficiently think for himself, and is therefore liable to be entirely influenced by the specious opinions of some celebrated teacher at the hospital where he finished his education. From these sources arises that scepticism in the powers of medicine, which is too often assumed as an indication of possessing superior intellect and a freedom from unprofessional credulity. The exercise of legitimate thought and discriminating attention to the *common* and *proper* symptom of a disorder, in conjunction with what I have before recommended, can alone detect the fallacies which must accrue from embracing the sentiments of others without due consideration and reflection.

It must undoubtedly be referred to the want of due discrimination, appropriate prescriptions, and well-timed means of relief which we are in possession of, that we so often hear of failures, which, I am persuaded, more energetic and well-applied measures would have prevented. It is by no means so paradoxical as some may imagine, that one author should consider "the lancet a small instrument of mighty mischief," and another as "the principal anchor of hope." These apparent contradictions are easily reconciled by some of the preceding remarks; both the authors alluded to are perfectly correct. Blood-letting is often had recourse to without a rational motive, and sometimes carried to so unjustifiable an extent in regard to quantity, as actually to prevent the recovery of the patient. Nevertheless, to shew how much I depend on the success of active treatment, by proper depletion, in conjunction with the judicious administration of medicines, I will quote a passage from an excellent author, which will fully exemplify my meaning. He says, "The lancet, in the hands of the *intelligent Surgeon*, is the first, best gift that Heaven bestows; and by its *prudent* employment, he can often truly boast of preserving the life of a fellow-creature, and of obtaining a triumphal victory over an inflammatory disease." By the foregoing measures, together with local bleed-

ings, cold and warm bathing, fumigation, and counter-irritants, I believe we can effect every thing in regard to the cure of disease that the Deity has designed us, as his agents, to accomplish.

After all that has been said, I must again allude to my younger brethren: the period of youth is frequently unreasonably opinionated, or unreasonably sceptical. From the walls of an university, men frequently come forth unbelievers in the healing art, or they possess the vanity of thinking themselves able to cure every disease. Time and experience will generally correct both these extremes; the practice of twenty years will leave no doubt in the mind of a candid and intelligent Practitioner that he can alleviate much distress, and it will also teach him that there are many ills which he cannot cure. However, the pursuit of curative agents should certainly never be abandoned, as long as there remains a disease to be cured.—*Lond. Med. Rep.*

Dr. Rapou *on Baths and Vapours.*

A very elaborate work has been published by Dr. Rapou, on the therapeutical applications of *baths and vapours*, in which it is almost unnecessary to say that the "*methode fumigatoire*," is preferred to every other. There are, however, many interesting remarks scattered in the work, and many useful hints with regard to the effects of different medicinal substances, when thus employed in the form of vapour. It would, *a priori*, be natural to suppose that the body would be rendered particularly susceptible of cold by the vapour-bath, but experience has proved, on the contrary, "that when the movement of reaction from the centre towards the circumference is powerfully established, we may be exposed to a very severe degree of cold, without experiencing any disagreeable impression or the slightest inconvenience." Thus it is that the Russians are in the habit of rolling themselves in the snow, the moment they leave an atmosphere heated to a high temperature. The determination to the skin, particularly if the bath has been accompanied by frictions, continues for several hours, and gradually diminishes; and Dr. Rapou, who has tried the experiment on his own person very frequently, says that, on quitting the vapour bath in winter, the cold air always afforded him a degree of pleasure, similar to that which results from a cool breeze in a hot day; and that he "has always been obliged to put on less warm clothing during several days." The general effects resulting from the action of heated vapour on the human body, are more minutely and satisfactorily explained than

in any other work with which we are acquainted; and the following may be taken as some of the most important conclusions.

"1. That, in certain nervous temperaments, the vapours of camomile and mint evidently act as antispasmodics. 2. That vapour impregnated with mugwort, wormwood, and rue, applied as a bath to the middle of the body, has always recalled the menses, after all other therapeutic agents had failed. 3. That the vapour of roses has a directly sedative effect, and is of great use in certain inflammatory irritations of the skin. 4. That the vapour of elder flowers possesses the same properties in a much higher degree, and is one of the most powerful means that can be applied to counteract acute pain, or the intolerable pruritus of many cutaneous eruptions. 5. That vapours impregnated with the narcotic principle of poppy-heads, the leaves of the nightshade; dry fumigations with extract of henbane, and more particularly with opium, speedily produce a sedative effect, in cases where other means have been employed without avail; but that, to insure this effect, the vapour must be employed at a mild temperature. Animal substances seem to have been but little tried by Dr. Rapou, but he has borrowed assistance very largely from the mineral kingdom: among these, we find sulphuretted hydrogen spoken of in terms of high commendation, particularly in cutaneous affections: "directed at a gentle temperature on an inflamed part, it speedily diminishes the pain, redness, and swelling, manifestly moderating the capillary circulation of the skin.—Muscular or nervous pains, which obstinately resist other means, yield to its influence, especially if connected with inflammatory irritation: thus, acute, herpetic, and similar eruptions, derive the most essential benefit from it."

We observe that the application of *iodine* in the form of vapour has been suggested, for which, indeed, its volatility would appear to render it particularly proper; but we are not aware of any satisfactory experiments upon this part of the subject.—*Lond. Med. and Phys. Journal.*

Dr. Delagarde *on the Employment of Tartar Emetic.*

In the pages of this Journal several allusions have already been made to the practice prevalent in Italy of administering emetic tartar in a high dose as a contra-stimulant, in diseases consisting in increased excitement. M. Laennec has for some time past been exhibiting this remedy in such cases at *La Charite* in Paris; and if the details communicated to the world by Dr.

V. Delagarde be correct, which we do not by any means see reason to doubt, as they are published under the authorization of M. Laennec, it would appear to merit all the encomiums which have been passed upon it by the Italian and Swiss Practitioners.

Emetic tartar, we are told by M. Delagarde, like all contra-stimulants, has only a salutary effect when there is *tolerance* on the part of the patient or aptitude to support it. Of this it is impossible to judge *a priori*—experience is the only guide. It consequently becomes necessary to act cautiously, and to commence with a small dose in comparison to that which would be necessary should this aptitude be known to exist. Rasori commences with twelve grains for the day, and the same quantity during the night, dissolved in a quart of barley-water; and afterwards carries the dose to a dram, a dram and a half, and even more.

Professor Laennec most commonly begins with four or six grains, dissolved in two or three wine-glasses of infusion of orange-leaves, strongly sweetened, and afterwards gradually raises the dose; without, in general, augmenting the proportion of the vehicle. He chooses this vehicle by preference, in order to prevent nausea and weaken the emetic property of the medicine; being of opinion that warm water simply, which is itself extremely nauseous, commonly adds to the property. The nature of the vehicle, however, would seem to be of but little consequence; as Rasori observes, in his "*Histoire de la Fievre Petechiale de Genes*," that he administered it in any ptisan which was the most grateful to the patient. Peschier, who employed it to a considerable extent in Switzerland, followed no other guide: and M. Kapeler, Physician to the *Hopital Saint-Antoine*, and M. Honore, Physician-in-Chief to the *Hopital Necker*, give it daily in whey and barley-water; and all have obtained, and do still obtain, the same results.

Of the solution thus prepared, the patient should take half a wine-glassful every two hours. Most commonly the first doses occasion evacuations, either upwards or downwards; but its use must not be discontinued on that account, for frequently, if the first half-glassful has occasioned vomiting or purging, the same thing does not occur after the second—or if after the second, not after the third or fourth; and unless too frequent vomiting or excessive superpurgation should be produced, M. Laennec does not despair of seeing *tolerance* induced. On the second day, if from the first the medicine has been well borne, the dose may be augmented, and even doubled, and there will be no evacuations. If the patient bear it but imperfectly, M. Laennec is in the habit

of aiding it by adding one or two ounces of the *syrupus papaveris ;* and it is very rare that on the second or third day, especially with the assistance of opium, the *tolerance* is not complete. The dose of the medicine may now be carried very far, and its use continued without any inconvenience resulting, until, in the generality of cases, a precise moment occurs, without any cause being perceptible or divinable, when it ceases to be tolerated. Its employment must then be interrupted : even in a small dose it might become extremely noxious. Several cases are related by M. Delagarde of the successful employment of this substance in pneumonia, acute rheumatism, and apoplexy, to the extent of ten or twelve grains a day for several days in succession, without causing any evacuation after the first doses, and where the patient was restored "*comme par une espece de miracle!*" It is proper, however, to observe, that in all the cases bleeding or other antiphlogistics were also had recourse to. After the repeated testimonies which we have now received of the useful employment of this agent as a contra-stimulant, the fears which we at first entertained, we confess, are nearly dispelled, and we should have but little hesitation in having recourse to it. It has been so strongly recommended as a valuable antiphlogistic in diseases consisting in increased excitement, that it is worthy of a trial ; and, with the precautions above mentioned, from the pen of M. Delagarde, no unpleasant consequences need be apprehended from its exhibition.—*Archives Generales.*

Professor Haase *on the St. Ignatio Bean in Epilepsy.*

It is well known that this substance, the fruit of a species of strychnos, is one of those in which Pelletier and Caventou lately discovered the vegetable alkali, the strychnia. It appears to have been first introduced to the general notice of the profession in 1699, in consequence of a paper published in the Philosophical Transactions for that year, by a Jesuit, Camelli, who had found it to be a favourite remedy for many diseases among the inhabitants of the Phillippine Islands. For a long period it had been almost forgotten, till the interesting researches of the French chemists brought it again before the public eye. It appears, however, that a German physician of Numberg, of the name of Weitz, had long employed it as a secret remedy against epilepsy, and with such success as obtained him considerable reputation for the cure of that disease, and even induced practitioners at a distance to send their patients to Numberg to be put under

his care. The secret was handed down by him to his son, by whom it was entrusted to W. A. Haase, professor of materia medica in Leipsig University, on condition that it should not be made public till after young Weitz, and his father, were dead. Both of them having died not long ago, and Professor Haase having confirmed their opinion of the remedy by some trials made lately, he has published a short account of its history as an article of the materia medica, and his experience of its virtues in epilepsy and some other diseases. The cases of epilepsy he has published, are five in number. The first was that of a girl 20 years old, whom he sent to be cured by Weitz himself. She had been first seized with epilepsy in her 18th year; the paroxysms recurred at the beginning once every two months, but afterwards she had them once or twice a week. After being put under the care of the physician of Numberg, she had only one paroxysm, and never had another from that period, down to the date of Haase's publication, 18 years afterwards. The second case was that of a young man of sedentary and literary habits, who had frequently had epilepsy in his childhood, but remained tolerably free from it till betwixt his 20th and 30th year. At the latter period, it attacked him more violently. Haase then gave him the St. Ignatio Bean; under the use of which the paroxysms became gradually less frequent, till at last they ceased to return. The third patient was a man 50 years old, liable to frequent paroxysms since his 18th year, the consequence, apparently, of masturbation. His mental faculties were much impaired by the disease; his senses had become dull, and his bodily frame languid. In him the remedy greatly diminished the frequency of the disease, but did not dispel it altogether. The fourth case likewise arose from the same cause, conjoined with habitual drunkenness. The epileptic paroxysms were removed in two months; but he died a year afterwards of *tabes dorsalis*, which had existed at the time he was first put under treatment. The last case was one of epilepsy from worms, which appears to have been cured by the expulsion of the worms effected by the St. Ignatio bean. These cases, although certainly few in number, are perhaps sufficient to encourage the farther trial of the remedy. It must be used with some caution, however, as its poisonous properties are of the most formidable kind. The dose given in the foregoing cases was two or three grains twice or thrice a day. Professor Haase also warns his readers, that it will not be of use in those cases of epilepsy which originate in cerebral disease, or intestinal irritations, but in those only which arise from general impressions on the nervous system, the effect, for example, of violent passions, hysteria, or onanism.—*Edin. Med. and Surg. Journal.*

MEDICAL LITERATURE OF THE

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ART. I. *On the Minute Anatomy of the Bones.* By A. SCARPA, M. D.

ART. II. *On the Hirudo Medicinalis.* By JOHN FISHER, M. D.

Leeches are recommended as superior to the lancet or cups, in those cases, where the cutaneous capillaries are congested with blood, when the extreme sensibility of the part prohibits the use of cups, in diseases of contiguous and continuous parts, in external affections attended with much pain, in those cases where it is desirable to produce counter irritation, or gradual depletion, and when the blood-vessels are so small as to render depletion by the lancet impracticable. Dr. Fisher also recommends leeches, in nervous diseases, but as far as our experience goes, the subjects of the latter affections, are as much shocked with the contact of leeches, as with the pain of the scarification.

ART. III. *New Division of Apoplexies.* By M. A. SERRES.

ART. IV. *On Baths and Mineral Waters.* By JOHN BELL, M. D.

This paper is devoted to the consideration of cold and warm baths, and to the enumeration of the various affections, which are likely to be alleviated by their use. The subject of hot and vapour baths, is to be prosecuted in the future numbers of the Philadelphia Journal, and no subject is more worthy the notice of medical practitioners.

ART. V. *Remarks respecting the Fusion of Charcoal.* By ROBERT HARE, M. D. &c.

ART. VI. *Thoughts on the Causes, Phenomena, and Laws of Epidemics, with suggestions for their prevention and suppression.* By N. CHAPMAN, M. D.

In this paper, the agency of the sensible modifications of the atmosphere, in the production of epidemics, is illustrated, and facts are adduced to shew, that heat and cold, humidity, dryness and rarefaction of the air, have been the frequent causes of epi-

demic diseases. The learned writer, next proceeds to the obscure but important subject, of *malaria*. He expresses a belief that miasmata differs not only in degree, but in kind, and moreover that the same agent may produce divers forms of diseases, modified by the structure and predisposition of the parts affected.

ART. VII. *An Operation of Tracheotomy.* By HENRY S. WATERHOUSE.

In this paper, Dr. Waterhouse has recorded the successful issue of an operation performed, for the purpose of removing a watermelon seed, from the trachea of a child.

ART. VIII. *Case of Fractured Skull successfully Trephined.* By DR. ANDREW PARK.

In this case the patient having received a blow on the side of his head, which was succeeded by the ordinary symptoms of compression, the surgeons determined to apply the trephine. An incision was made over the bruised part, and the trephine employed, but no effusion being discovered, the same operation was performed on the opposite side of the head. The dura mater was detached, and lacerated, and a large quantity of coagulated blood was evacuated, and the man recovered.

ART. IX. *Case of Poisoning by Opium, successfully treated by Cold Affusions.* By JAMES CONQUEST CRESS, M. D.

In this case the ordinary means of relief had been resorted to without success, when the physician, Dr. Richardson of Kentucky, determined to employ cold affusions. Several buckets of water were poured upon the patient's head, and the practice was persevered in until signs of returning sensibility were observed. In a short time the patient recovered. It is observed by the reporter of the above case, that it occurred in June, 1821, anterior to the publications of Dr. Copeland, Mr. Wray, and others, and that if Dr. R. had published an earlier account of his practice, he would have secured to himself the credit of having introduced cold affusion, in cases of poisoning by opium.—Procrastination is the thief of time, and in one instance at least, of reputation also.

ART. X. *Cases of Impetigo, cured by the use of the Sanguinaria Canadensis.* By W. S. HENDRIE, M. D.

In this paper, Dr. Hendrie has related two cases, to illustrate the efficacy of the expressed juice of sanguinaria, or when the recent root cannot be obtained, of the dried roots macerated in vinegar, in the treatment of different species of impetigo.

ART. XI. *Case of Cancerous Duodenum and Schirrhus of the Pancreas.* By W. F. IRWIN, M. D.